



**FAMILY AND SOCIAL SERVICES**

**ADMINISTRATION**

**DIVISION OF FAMILY RESOURCES**

**BUREAU OF CHILD CARE**

**VOLUNTARY CERTIFICATION PROGRAM**

**GUIDELINES FOR UNLICENSED REGISTERED**

**MINISTRIES**

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## GLOSSARY

| ACRONYM | TERM | DEFINITION |
|---------|------|------------|
|---------|------|------------|

|   |                                     |  |
|---|-------------------------------------|--|
| <a href="#"><u>470 IAC 3-1.1 Rule 1</u></a>   | Licensed Child Care Homes Rule      | Indiana Administrative Code (rule) for licensed child care homes.  |
| <a href="#"><u>470 IAC 3-4.7 Rule 4.7</u></a>   | Licensed Child Care Center Rule     | Indiana Administrative Code (rule) for licensed child care centers.  |
| <a href="#"><u>470 IAC 3-4.5 Rule 4.5</u></a>   | Registered Child Care Ministry Rule | Indiana Administrative Code (rule) for registered child care ministries.   |
| <a href="#"><u>470 IAC 3-18 Rule 18 Child Care Development Fund Voucher Program; Provider Eligibility</u></a> | Child Care Development Fund Rule    | Indiana Administrative Code (rule) for the child care development fund voucher program.  |
| <a href="#"><u>410 IAC 7-24 Retail Food Establishment Sanitation Requirements</u></a>                         | Food Sanitation Rule                | Indiana Administrative Code (rule) for retail food establishments, including licensed centers and registered ministries.           |
|   | Accredited college or university    | Means accreditation by accrediting agencies and associations that are recognized by the United States Secretary of Education.      |
|   | Additional portion of food          | Means one (1) extra helping of food.   |
| BCC   | Bureau of Child Care                | Child Care Bureau within Division of Family Resources, Family and Social Services Administration                                   |
|   | Capacity Determination              | Means the division will determine maximum capacity based on square footage by adding the capacities of the individual rooms/areas. |

| ACRONYM | TERM | DEFINITION |
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|      |                             |  |
|------|-----------------------------|--|
| CCDF | Child Care Development Fund | The Child Care and Development Fund has made available over \$5 billion to States, Territories, and Tribes in fiscal year 2008. This federal program, authorized by the Child Care and Development Block Grant Act, and Section 418 of the Social Security Act, assists low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education. |
| CDA  | Child Development Associate | Credential issued by the Council for Early Childhood Professional Recognition.   |
|      | Certificate of Recognition  | Means the document awarded to a RCCM for each VCP standard.  |
|      | Certificate of Registration | Means the certificate issued to a RCCM to operate an Unlicensed Registered Child Care Ministry. Certificate is valid for one (1) inspection year.  |
| CHC  | Criminal History Check      | Means an Indiana state police search and report of criminal records on forms provided by that agency. A state of residency CHC is required for persons who reside in another state.  |
|      | Child                       | Any person under thirteen (13) years of age.   |
|      | Child/staff ratio           | Number of children supervised by one (1) qualified staff person.   |
|      | Conspicuous place           | Means a place that is easily visible and at adult eye level and can be easily viewed daily by the parents and visitors.  |

| ACRONYM | TERM                               | DEFINITION   |
|---------|------------------------------------|--|
|         | Contamination                      | Means to soil or infect by any form of contact.  |
|         | Corporal punishment                | Means any kind of punishment inflicted on a child's body.  |
| CPI     | Child Protection Index             | Formerly known as "Central Registry Check", this is an annual verification, performed by the BCC, to determination if persons employed or volunteering at a RCCM, have an allegation of substantiated child abuse or neglect.  |
| CPSC    | Consumer Product Safety Commission | The United States Consumer Product Safety Commission (U. S. CPSC) is an independent agency of the U.S. federal government created in 1972 through the Consumer Product Safety Act to protect "against unreasonable risks of injuries associated with consumer products |
|         | Developmentally appropriate        | Means the ministry's program meets the needs of children in all areas of development with age appropriate planned activities for each group of children.   |
| DHS     | Department of Homeland Security    | State Agency of Indiana which includes the state building and fire safety inspection division.   |
|         | Direct Supervision                 | Means that child care providers: (A) have all children in sight; (B) are alert to any problems that may occur; and (C) are taking an active supervisory role with the children.  |
|         | Discipline                         | The ongoing process of helping children to develop self-control.   |

| ACRONYM | TERM | DEFINITION |
|---------|------|------------|
|---------|------|------------|

|       |  |   |
|-------|--|---|
|       | Documentation                                  | Written records or copies of documents kept in files at the RCCM.   |
| fc    | Foot candle                                    | Measurement of light, in a square foot, determined at the point of a work surface.  |
| 70fc  | 70 foot candles                                | Light bright enough so that a minute grain of debris may be seen on a surface.  |
| 50fc  | 50 foot candles                                | Light bright enough, in a classroom, so that a child may perform work study tasks w/o squinting to see.   |
| 30fc  | 30 foot candles                                | Light bright enough, in a bathroom/diaper changing environment, so that a provider may view the child and/or bathroom areas.                                      |
| 20fc  | 20 foot candles                                | Light bright enough, in a hallway, so that a provider may view the child.   |
| 5fc   | 5 foot candles                                 | Light bright enough, during nap time, so that a provider may view the child's chest rise and fall.  |
|       | Filthy   | Means heavily soiled, dirty, or other unclean conditions, which present a health or safety hazard to children.  |
| FPBSC | Fire Prevention and Building Safety Commission | Facility is in compliance with all Indiana building and fire prevention codes. "Certificate of Registration" is signed by the DHS.                                |
| FSSA  | Family and Social Services Administration      | FSSA is a health care and social service funding agency. FSSA is led by the Secretary who is appointed by the Governor and is a member of the Governor's cabinet. |

| ACRONYM  | TERM   | DEFINITION  |
|--|--|---|
|  | Group  | Means a number of children who routinely work, learn, eat, sleep, and play together inside and outside.                                   |
|  | Hand washing   | Means to cleanse hands and wrists a minimum of twenty (20) seconds using soap and warm, running water 100°F through 120°F at a hand sink. |
| <a href="#">IC 12-17.2-3.5 Eligibility of Child Care Provider to Receive Reimbursement Through Voucher Program</a> | Child Care Development Fund law/statute.               | Establishes the authority for FSSA, DFR to regulate the CCDF in the State.  |
| <a href="#">IC 12-17.2-4 Chapter 4. Regulation of Child Care Centers</a>   | Licensed Child Care Center law/statute.                | Establishes the authority for FSSA, DFR to regulate the Licensed Child Care Centers in the State.   |
| <a href="#">IC 12-17.2-5 Chapter 5. Regulation of Child Care Homes</a>   | Licensed Child Care Home law/statute.                  | Establishes the authority for FSSA, DFR to regulate the Licensed Child Care Homes in the State.   |
| <a href="#">IC 12-17.2-6 Chapter 6. Regulation of Child Care Ministries</a>  | Unlicensed Registered Child Care Ministry law/statute. | Establishes the authority for FSSA, DFR to regulate Unlicensed RCCM.  |

| ACRONYM | TERM | DEFINITION |
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|      |  |  |
|------|--|--|
|      | <p>Interpretive Guidelines</p> <p><a href="#">Interpretive Guide for Child Care Center Rules</a></p> <p><a href="#">Interpretive Guide for Child Care Home Rules</a></p> <p><a href="#">Interpretive Guide for Unlicensed Registered Child Care Ministry</a></p> | <p>These guidelines are much like a training and policy manual that will be used by child care inspection staff.</p> <p>The purpose of these guidelines is to:</p> <ul style="list-style-type: none"> <li>• Provide child care inspection staff with a tool for determining compliance with regulations</li> <li>• Increase consistency of inspections and enforcements</li> <li>• Build better relationships with providers by providing shared language and expectations</li> <li>• Assist child care providers in preparation for inspection visits</li> <li>• Ensure that the intent of regulations are being met</li> </ul> |
| ISDH | Indiana State Department of Health   | The Indiana State Department of Health actively facilitates the integration of public health and health care activities to improve Hoosiers' health.   |
|      | Major injury   | Means any injury that requires medical attention by a dentist, physician, emergency room, ambulance service, or any other medical personnel.   |
|      | Minor injury   | Any injury that requires 1st aid treatment, but does not require medical attention by medical personnel.   |



| ACRONYM | TERM                           | DEFINITION   |
|---------|--------------------------------|--|
|         | Preschool child                | Child at least three (3) years of age and not yet attending first grade.   |
|         | Program                        | Means all activities provided for children during their hours of attendance at the child care ministry.  |
|         | Protected outdoor play area    | Means an area that is safely enclosed by either a fence or natural boundaries.   |
| PTQ     | Paths to QUALITY               | A system designed to promote and increase the level of quality of child care available in Indiana. The system recognizes the basic health and safety licensing regulations as the foundation for participation. Each level of quality builds upon the previous one, resulting in significant quality improvements at each stage and resulting in national accreditation at the highest level. The system validates programs and providers for ongoing efforts to achieve higher standards of quality and provides incentives and awards for success. |
|         | Punishment                     | Means the use of negative consequences to correct unacceptable behavior.   |
| RCCM    | Registered Child Care Ministry | Child care provided as an extension of a church or religious ministry that is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code, unlicensed but registered with the BCC and DHS.   |
|         | Recommended immunizations      | Means childhood immunizations that are recommended by ISDH.  |

| ACRONYM | TERM                            | DEFINITION  |
|---------|---------------------------------|---|
|         | Sanitation                      | Means the promotion of hygiene and the prevention of disease by maintenance of sanitary environmental conditions and practices.   |
|         | Sanitizable                     | Means an article, utensil, or equipment that can be easily sanitized because of the material composition.   |
|         | Sanitize                        | Means the effective bactericidal treatment by a process that provides adequate accumulative heat or concentration of chemicals for adequate time to reduce the bacterial count, including pathogens, to a safe level on utensils and equipment. |
|         | School age child                | Child attending first grade or above.   |
| SOR     | Sex Offender Registry           | Annual verification, performed by the BCC, to determine if persons employed or volunteering at a RCCM, are registered child sex abuse offenders.  |
|         | Swimming pool                   | Means any pool used for swimming that is more than twenty-four (24) inches in depth.  |
|         | Time Out                        | An out of group activity for a child with adult supervision.  |
|         | Toddler                         | A child who is less than thirty (30) months of age and is able to walk consistently unassisted.   |
| VCP     | Voluntary Certification Program | A voluntary participation program designed to increase quality of child care services in a RCCM.  |
|         | Vendor                          | Means a food service caterer/facility that is inspected by a federal/local and/or state government agency and that is authorized to provide meals to the public.  |

| ACRONYM | TERM      | DEFINITION   |
|---------|-----------|--|
|         | Visitor   | Means any person observing or assisting in the child care center for no compensation and for less than eight (8) hours per month. For the safety of children in care, a visitor should be closely monitored whenever she/he is in the presence of children.                    |
|         | Volunteer | Means a child care provider who is not paid. If the volunteer is counted in the child to staff ratio, he or she must be eighteen (18) years of age or older, twenty-one (21) years or older in the infant/toddler room, and must meet the same requirements as paid personnel. |

## ***Welcome to the Bureau of Child Care Voluntary Certification Program***

The Voluntary Certification Program (VCP) is offered by the Indiana Family and Social Services Administration (FSSA), Bureau of Child Care (BCC), to all Indiana Unlicensed Registered Child Care Ministry (RCCM) providers who want to ensure that the basic health and safety needs of the children they serve are being met. The voluntary program offers the tools, information and assistance necessary to attain these standards. Specifically, the four (4) areas that are addressed are:

- Food and Nutrition standards
- Health standards
- Safety standards
- Infant and Toddler standards

### ***How Does the Program Work?***

As mentioned, the goal is to provide standards that will allow Unlicensed Registered Child Care Ministry providers to implement child care services that meet the basic health and safety needs of children. It is a completely voluntary program. The program is comprised of the following:

- VCP Application and checklist
- Written guidance for meeting each standard
- Free technical assistance, such as telephone and onsite consultation, sample forms and policies for implementation, and trainings
- Onsite inspections to verify standards are met
- Certificates of Recognition upon successful completion of each area

Once the provider meets the VCP standards, inspections are completed on an annual basis, typically in conjunction with one of the semi-annual regulatory inspection.

### ***What Are the Benefits of Participation?***

- Substantially improves the quality of child care being provided
- May Increase CCDF Voucher Reimbursement
- Brings you Recognition!
- One of the preliminary requirements in becoming a Level 1 Paths to QUALITY provider

## **Getting Started**

- **Eligible RCCM providers:**
  - A RCCM must be providing child care for least six (6) months as an approved Unlicensed Registered Child Care Ministry by the Division of Family Resources before submitting an official VCP application. Of course, the provider could begin working toward meeting the voluntary program standards immediately
  - A RCCM must be in good standing (passed general health/sanitation and fire safety inspections)
- **Obtaining a VCP application:**
  - The VCP application is available on the BCC Carefinder website, [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov); by calling 1-877-511-1144 or 317-233-5413
  - Providers are encouraged to do a preliminary review of the VCP application and assess their facility based upon the checklist that is included. This will assist the provider in determining the level of effort and resources that may be necessary for success

## **Meeting the Standards**

- Providers may work at their own pace in meeting the standards. There is no time limit for completion
- Providers may choose to meet 1, 2, 3 or all 4 of the VCP areas. However, in order to be eligible for higher CCDF voucher reimbursement and/or to meet one of the initial eligibility requirements for Paths to QUALITY participation, the provider must meet all 4 VCP areas (exception – provider who do not care for infants and toddlers do not have to meet the Infant/Toddler area)
- Providers who do not serve Infants and Toddlers, do not have to meet the requirements of that checklist
- Providers have access to multiple assistance resources in meeting the voluntary standards

## **Getting Assistance**

The Bureau of Child Care funds many technical assistance initiatives that may be of help to providers who wish to participate in the VCP. These services are free to providers!

These VCP Guidelines are intended to assist providers in understanding and meeting the VCP checklist criteria. Pages 16-41 provide a comprehensive explanation of each criteria and how each will be measured for compliance at the time of the VCP inspection.

- **BCC Ministry Inspector - 1-877/511-1144**
  - First point of contact with questions
  - VCP Checklist Review
  - VCP Guidelines Explanation
  - VCP Certification Inspection
  - Referral to Resources for Assistance Obtaining VCP Certification
- **BCC Health Consultant - 1-877/511-1144**
  - Food and Nutrition Training
  - Menu Writing
  - Sample Health/Sanitation Policies and Procedures
    - Staff Orientation
    - Infant/Toddler Feeding Plans
    - Training Needs Involving Sanitation and Health
    - Other Sanitation and Health Issues/Questions
- **Local Child Care Resource and Referral Agency– 1-800/299-1627**
  - Safe Sleep Training
  - Inclusion Training
  - Infant and Toddler trainings
  - Various other child care trainings
- **Indiana Association for the Education of Young Children (IAEYC)–1-800/657-7577**
  - TEACH Scholarships
  - Information on obtaining Child Development Associate credential – Formal/Informal/On-line
- **BCC Child Care Finder Website – [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov)**
  - Indiana Child Care laws, Rules, Policies
  - Examples of Child Care Related Operating Procedures
  - Child Care Forms and Sample Health and Safety Policies
  - General Child Care Information
- **BCC Child Care Ministry Central Office - 1-877/511-1144**
  - Questions and/or issues not addressed by the local R&R, IAEYC, the BCC Health Consultant, and/or the BCC Ministry Inspector
  - Email contact [kenneth.hudson@fssa.in.gov](mailto:kenneth.hudson@fssa.in.gov)

### **Requesting an Inspection**

The provider will submit a VCP application to their BCC Ministry inspector. The BCC Ministry inspector will review the application for completeness and contact the provider to review and schedule an inspection visit. At the time of the contact, the BCC Ministry inspector will again review the checklist with the provider to ensure that the provider is ready for a VCP certification inspection visit.

If the provider is ready, a VCP inspection is scheduled w/their inspector. Initial VCP certifications inspections will generally be scheduled in conjunction with the next semi-

annual sanitation inspection. However, the BCC Ministry Manager may approve initial inspections prior to the six month sanitation inspection.

Annual VCP certification inspections are normally conducted in conjunction with the ministry's semi-annual sanitation compliance inspection.

### **Conducting Your VCP Inspection**

The BCC Ministry inspector will use the checklist for the 4 areas of health and safety. The inspector will be looking for evidence that each of the criteria is met according to the checklist and explanations provided in Pages 16-41. A VCP inspection may take a minimum of 2½ to 3 hours to complete, depending on the size of the facility.

*If the provider does not meet all of the VCP criteria at the time of initial VCP inspection visit, the provider may have to wait until the next sanitation inspection for another VCP inspection visit. Therefore, it is very important that the provider is sure that all criteria are met before requesting an initial VCP visit.*

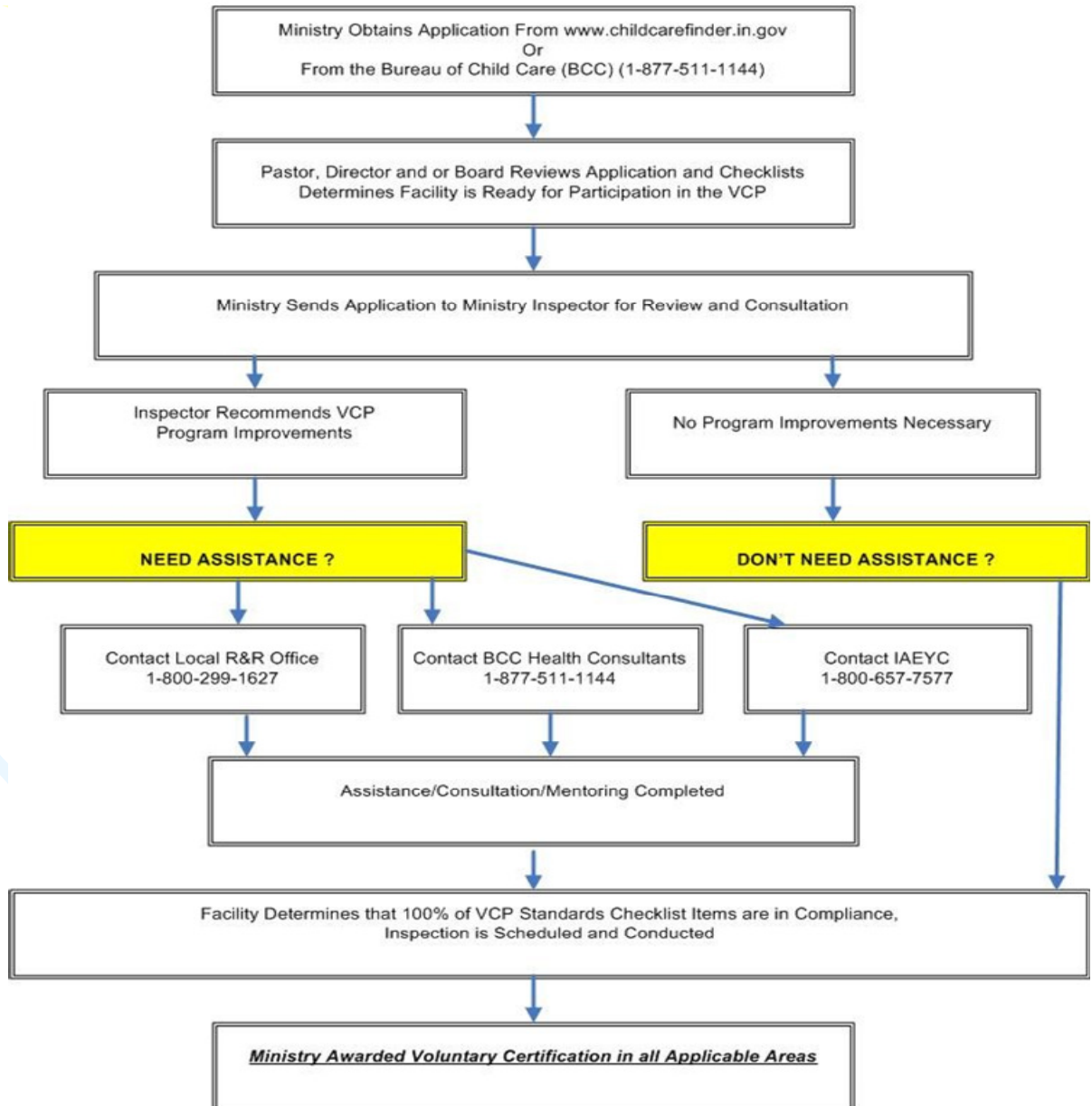
If the provider does not meet all of the VCP criteria at the time of an *annual* VCP inspection visit, a follow up consultation will be take place within 30 days to determine if insufficiencies have been corrected. If the provider is not able to meet the VCP criteria at the 30 day follow up, the provider will lose the certificate for each category not met, and will be required to wait until the next sanitation inspection visit before the VCP will be re-checked.

### **Getting Your VCP Certificate(s)**

Once the VCP inspection visit occurs and certification is approved, a “Certificate of Recognition” is awarded for each of the areas that are met! The certificate is valid for one (1) year from the date of VCP approval to the ministry's Certificate of Registration end date, unless it is determined that the provider does not or is not able to continue to meet those criteria during the one year period.

Ministries must be awarded a “Certificate of Recognition” in all four (4) areas, (excluding Infant/Toddler if child care is not being provided to children under the age of 2 years old), to qualify to receive an increase in the CCDF voucher program reimbursement rate, and/or as one part of initial eligibility to participate in the Paths to QUALITY program

**REGISTERED CHILD CARE MINISTRY (RCCM)  
VOLUNTARY CERTIFICATION PROGRAM FLOW CHART**





## FOOD/NUTRITION STANDARDS CHECKLIST

Checklist for Food/Nutrition Certification, Unlicensed Registered Childcare Ministries  
(All cites begin with 470 IAC except where noted)

| Item #           | Yes | No        | N/A | Guidelines: (In order for a Ministry to qualify for Food/Nutrition Certification the facility must cook or vend meals.)  |
|------------------|-----|-----------|-----|--|
| 1                |     |           |     | A copy of ISDH 410 IAC 7-24 rule book is in the kitchen and is followed. [410 IAC 7-24-107(d)]   |
| 2                |     |           |     | Meets 410 IAC 7-24 requirements and standards. (410 IAC 7-24)  |
| 3                |     |           |     | Posted instructions for proper manual dishwashing in the kitchen if dishes are washed and sanitized manually. [3-4.7-117(d)]   |
| 4                |     |           |     | A cleaning schedule is posted in the kitchen and used. [(3-4.7-116(r)]   |
| 5                |     |           |     | Illumination of 70 foot-candles in kitchen and food prep areas. (410 IAC 7-24)   |
| 6                |     |           |     | Acceptable written and posted weekly menus in kitchen. [(3-4.7-76a(2)]   |
| 7                |     |           |     | Milk is offered at all meals. Whole milk provided to all children under the age of two unless a physician orders a specific substitution. [3-4.778(d)]   |
| 8                |     |           |     | Liquid refreshments shall meet the following guidelines: 1. All fruit juice shall be one hundred percent pure fruit juice with no sugar added. 2. All non-citrus juice shall be fortified with vitamin C. 3. The facility shall not serve or have accessible to children ades, soft drinks or powders. 4. A competing beverage is not being served with milk at lunch or dinner. [3-4.7-78 (e) (1), (2), (3), (4)] |
| 9                |     |           |     | For children one year old or older, meals and snacks are served every 2-3 hours. [3-4.7- 77(a)]  |
| 10               |     |           |     | At least 1½ ounces of high protein food (such as meat, poultry, cheese, eggs or dried beans) are served at lunch and dinner. [3-4.7-78(f)(1)]  |
| 11               |     |           |     | A good source of Vitamin A is served at least two (2) times a week. [3-4.7-78(a)]  |
| 12               |     |           |     | Nutritious snacks (such as whole grain breads, muffins, cheese or peanut butter crackers or banana bread) are served daily. Include two (2) different food groups (i.e. fruit and dairy, bread and protein, etc). [3-4.7-77(a)]  |
| 13               |     |           |     | Two (2) vegetables/salads, fruits are served with lunch/dinner meals. [3-4.7-77(a)]  |
| 14               |     |           |     | Food is not used as a reward or punishment. [3-4.7-78(a)]  |
| 15               |     |           |     | Seconds of at least two (2) items at each meal are provided and available. [3-4.7-79(b)]   |
| 16               |     |           |     | If casseroles are served as the protein component, standardized recipes (including the lbs and oz of protein, the number of servings and the portion size) must be available and utilized. [(3-4.7-78(a)]  |
| 17               |     |           |     | Staff assists, supervise, converse and sit with the children during all meals and snacks in age relative groups, small enough in number to assure assistance and safety. [3-4.7-79(i)]   |
| 18               |     |           |     | Children are allowed to converse freely during meal times and snacks. [3-4.7-79(j)]  |
| 19               |     |           |     | Food allergies and special diets are posted in the kitchen and/or in the area where the child's food is prepared. [3-4.7-82(a)]  |
| 20               |     |           |     | BCC approved food service training for person responsible for food service operation. (410 IAC 7-24)   |
|                  |     | Total Yes |     | Certificate Earned <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Total No         |     |           |     |  |
| Date of Survey   |     |           |     | Signature of surveyor  |
| Name of Ministry |     |           |     | Acknowledged by (signature and title)  |
| ID number        |     |           |     | County   |

Revised 5/25/2007

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
***Food and Nutrition Certification Worksheet***

| <b>Ministry's Food/Nutrition VCP Standard</b>   | <b>Evidence/Observation Standard</b>  | <b>Intent of the Standard</b>   |
|---|---|---|
| (1) A copy of ISDH 410 IAC 7-24 rule book is in the kitchen and is followed. [410 IAC 7-24-107(d)]<br><br>(rule available from ministry inspector)  | ISDH Food Sanitation rule book, 410 IAC 7-24, is readily available and kitchen staff are observed following required food sanitation practices.   | The standard is intended to ensure that kitchen staff are following food sanitation guidelines to prevent food borne outbreaks.   |
| (2) Meets 410 IAC 7-24 requirements and standards. (410 IAC 7-24).  | The physical structure of the kitchen is in a clean and sanitary condition; walls, floors, ceilings, and equipment is observed for cleanliness, sanitizability, and to be in good repair.     | The standard is intended to ensure that the kitchen meets all required structural standards.  |
| (3) Posted instructions for proper manual dishwashing in the kitchen if dishes are washed and sanitized manually. [470 IAC 3-4.7-117(d)]<br><br>(sample form available at:<br><a href="http://www.in.gov/fssa/files/46684.pdf">http://www.in.gov/fssa/files/46684.pdf</a> ) | Observation of posted manual dishwashing procedures, showing dish washing sink, dish rinsing sink, and dish sanitizing sink. Kitchen staff hand washing sink must also be posted.             | The standard is intended to ensure the proper cleanliness and sanitizing of utensils, tableware or kitchenware, the ministry shall have a commercial dish washer in good operating condition or a 3 compartment sink. Manual dishwashing shall include 3 stages – wash, rinse and sanitize – using one of the methods specified in the rule. This standard is also intended to ensure good hygiene by requiring a hand washing sink separate from the sink used for food preparation and dish washing to prevent contamination of food. |
| (4) A cleaning schedule is posted in the kitchen and used. [(470 IAC 3-4.7-116(r)]<br><br>(sample schedule available at:<br><a href="http://www.in.gov/fssa/files/46684.pdf">http://www.in.gov/fssa/files/46684.pdf</a> )   | Observation of a posted kitchen cleaning schedule specifying <b>what</b> needs to be cleaned, <b>when</b> it needs to be cleaned, and <b>how often</b> it needs to be cleaned.                | The standard is intended to ensure that the kitchen is maintained in a clean and sanitary condition.  |
| (5) Illumination of 70 foot-candles in kitchen and food prep areas. (410 IAC 7-24).   | Observance of kitchen lighting that it is properly shielded and measurement of the kitchen light intensity of all food preparation surfaces, and at equipment or utensil-washing work levels. | The standard is intended to ensure the kitchen area is well lit and to prevent contamination of the kitchen area in the event of bulb breakage.   |

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
***Food and Nutrition Certification Worksheet***

| <b>Ministry's Food/Nutrition VCP Standard</b>  | <b>Evaluator's Evidence/Observation Standard</b>  | <b>Intent of the Standard</b>  |
|--|---|--|
| (6)Acceptable written and posted weekly menus in kitchen. [(470 IAC 3-4.7-76a(2))]<br><br>(sample menus available at:<br><a href="http://www.in.gov/fssa/files/46684.pdf">http://www.in.gov/fssa/files/46684.pdf</a> )   | Observance of a posted weekly menu that provides meals and snacks that meet dietary requirements.   | The standard is intended to ensure that children receive meals and snacks that are nutritious.   |
| (7) Milk is offered at all meals. Whole milk provided to all children under the age of two unless a physician orders a specific substitution. [470 IAC 3-4.778(d)]   | Observance of milk being served to determine if it has the appropriate "fat" content.   | The standard is intended to ensure that the children receive the appropriate amount of calories and nutrients in their meals. Low-fat milk does not provide enough calories and nutrients for children 1-2 years of age.               |
| (8) Liquid refreshments shall meet the following guidelines: 1. All fruit juice shall be one hundred percent pure fruit juice with no sugar added. 2. All non-citrus juice shall be fortified with vitamin C. 3. The facility shall not serve or have accessible to children ades, soft drinks or powders. 4. A competing beverage is not being served with milk at lunch or dinner. [470 IAC 3-4.7-78 (e) (1), (2), (3), (4)] | Observation of refreshments being served to determine if they are 100 % juice and fortified with vitamins. Additionally, determine if a competing beverage is being offered with the milk.  | The standard is intended to ensure children consume drinks that are not high in sugar content (such as sweetened beverages) because they contribute to tooth decay and poor nutrition.   |
| (9) For children one year old or older, meals and snacks are served every 2-3 hours. [470 IAC 3-4.7- 77(a)]  | Observation of snacks being served or review of policy on frequency of snacks being served.   | The standard is intended to ensure that children receive nutritious snacks over the course of a day. Children in care for 8 hours or more need additional food, as this period represents a majority of a young child's waking hours.  |
| (10) At least 1½ ounces of high protein food (such as meat, poultry, cheese, eggs or dried beans) are served at lunch and dinner. [470 IAC 3-4.7-78(f)(1)]   | Observance of a breakfast, lunch, or dinner meal being served is required ensuring that food offered is listed on the menu. Additionally, ensure that foods being served do not present a choking hazard to children under age 3 years. | The standard is intended to ensure children receive the daily recommended amount of food from the "Meat Group". Additionally, young child have small throat openings and food portions must be appropriately sized to prevent choking. |

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
*Food and Nutrition Certification Worksheet*

| <b>Ministry's Food/Nutrition VCP Standard</b>  | <b>Evidence/Observation Standard</b>   | <b>Intent of the Standard</b>  |
|--|--|--|
| (11) A good source of Vitamin A is served at least two (2) times a week. [470 IAC 3-4.7-78(a)]   | Observance of a posted weekly menu that provides meals and snacks that meet dietary requirements.  | The standard is intended to ensure that children receive meals and snacks that are nutritious.   |
| (12) Nutritious snacks (such as whole grain breads, muffins, cheese or peanut butter crackers or banana bread) are served daily. Include two (2) different food groups (i.e. fruit and dairy, bread and protein, etc). [470 IAC 3-4.7-77(a)] | Observance of a breakfast, lunch, or dinner meal being served is required ensuring that food offered is listed on the menu.                              | The standard is intended to ensure that children receive nutritious snacks over the course of a day.   |
| (13) Two (2) vegetables/salads, fruits are served with lunch and dinner meals. [470 IAC 3-4.7-77(a)]   | Observance of a lunch or dinner meal being served is required ensuring that food offered is listed on the menu.  | The standard is intended to ensure children receive the daily recommended amount of food from the "Fruit/Vegetable Group".   |
| (14) Food is not used as a reward or punishment. [470 IAC 3-4.7-78(a)]   | Observance of a lunch or dinner meal being served is required ensuring that food is not being offered as a reward or punishment.                         | The standard is intended to ensure that child care staff are not offering food as a reward or punishment as it can place undue importance on food and may have negative effects on the child that may lead to obesity or poor eating habits. |
| (15) Seconds of at least two (2) items at each meal are provided and available. [470 IAC 3-4.7-79(b)]  | Observance of a breakfast, lunch, or dinner meal being served is required to ensure that additional food is available for children who are still hungry. | The standard is intended to ensure that children receive nutritious and properly proportioned. Children in care for 8 hours or more need additional food, as this period represents a majority of a young child's waking hours.              |

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
***Food and Nutrition Certification Worksheet***

| <b>Ministry's Food/Nutrition VCP Standard</b>  | <b>Evidence/Observation Standard</b>   | <b>Intent of the Standard</b>  |
|--|--|--|
| (16) If casseroles are served as the protein component, standardized recipes (including the lbs and oz of protein, the number of servings and the portion size) must be available and utilized. [(470 IAC 3-4.7-78(a)] | Observance of a posted weekly menu that provides meals and snacks that meet dietary requirements.  | The standard is intended to ensure that children receive meals and snacks that are nutritious.   |
| (17) Staff assists, supervise, converse and sit with the children during all meals and snacks in age relative groups, small enough in number to assure assistance and safety. [470 IAC 3-4.7-79(i)]                    | Observance of a breakfast, lunch, or dinner meal being served is required ensuring that staff are interacting with children during the meal.   | The standard is intended to ensure that child care staff guide and support sound eating habits and food learning experiences for children.                           |
| (18) Children are allowed to converse freely during meal times and snacks. [470 IAC 3-4.7-79(j)]   | Observance of a breakfast, lunch, or dinner meal being served is required ensuring that staff are interacting with children during the meal.   | The standard is intended to ensure that child care staff guide and support sound eating habits and food learning experiences for children.                           |
| (19) Food allergies and special diets are posted in the kitchen and/or in the area where the child's food is prepared. [470 IAC 3-4.7-82(a)]   | Observance of a lunch or dinner meal being served is required ensuring that food is not being offered to children with specific food allergies are not be served foods with the allergens. | The standard is intended to ensure that child care staff are not offering food with specific food allergens.   |
| (20) BCC approved food service training for person responsible for food service operation. (410 IAC 7-24)<br><br><b>(Contact your R&amp;R or ministry inspector to schedule training)</b>                              | Review of documentation of attendance at a BCC approved food service training course, for at least one staff person responsible for the operation of the kitchen.                          | Children are particularly susceptible to foodborne illness. This standard is intended to ensure ministry food handlers are aware of sound food sanitation practices. |

**Checklist for Health Certification, Unlicensed Registered Childcare Ministries**  
(all cites begin with 470 IAC unless otherwise noted)

| Item #           | Yes | No | N/A | Guidelines   |
|------------------|-----|----|-----|--|
| 1                |     |    |     | All staff members have physical examination within one (1) month of employment or six (6) months prior to employment. [3-4.7-85(1)]  |
| 2                |     |    |     | All staff are verified to be free of tuberculosis and other communicable disease within 30 days of employment and have biennial testing for tuberculosis.[3-4.7-85(1).(2).(3).(4)] |
| 3                |     |    |     | Each child has physical exam within 30 days of admission or six months prior to admission. [3-4.7-86(a)]   |
| 4                |     |    |     | Cots are spaced two (2) feet or more apart. (3-4.7-53)   |
| 5                |     |    |     | Hot water (100-120 degrees F) is provided to all hand washing sinks. (3-4-7-53)  |
| 6                |     |    |     | Records are maintained on all children's injuries. [(3-4.7-114(c),(d)]   |
| 7                |     |    |     | Written policy to notify parents in the event of a child's illness or an emergency [3-4.7-39(c)]   |
| 8                |     |    |     | Emergency medical authorization in event parent can not be reached. [3-4.7-37(1)]  |
| 9                |     |    |     | Medicine not requiring refrigeration is stored in a locked cabinet or locked drawer outside of the kitchen. [3-4.7-88(i)]  |
| 10               |     |    |     | All medications have a physician's written order. [3-4.7-86(c)]  |
| 11               |     |    |     | All medications are appropriately recorded immediately after being administered to child(ren). [3-4.7-40(a)]   |
| 12               |     |    |     | One toilet and one lavatory is provided and maintained for each 15 children age 2-12 years old. [3-4.7-113(a)]   |
| 13               |     |    |     | Diapering table is inaccessible to children and not used for any purpose except diapering. [3-4.7-94(f),(j)]   |
| 14               |     |    |     | Diaper changing procedures posted by each diapering area. [3-4.7-94(r) and 3-4.7-19(b)(2)]   |
| 15               |     |    |     | Cloth diapers and bedding used by facility is laundered in 160 degrees F or approved sanitizing solution. [3-4.7-141(p)]   |
| 16               |     |    |     | A fresh, clean, waterproof paper is used on top of the diaper changing pad for each diaper changed. [3-4.7-94(n)]  |
| 17               |     |    |     | Fifty (50) foot-candles of illumination are provided above classroom tables. [3-4.7-106(b)(3)]   |
| 18               |     |    |     | Thirty (30) foot-candles of illumination are provided in bathrooms. [3-4.7-106(b)(4)]  |
| 19               |     |    |     | Five (5) foot-candles in children rest and nap areas [3-4.7-106(b)(6)]   |
| 20               |     |    |     | Classroom temperature is maintained at sixty-eight (68) degrees F or more within two (2) feet of floor/ventilation adequate. [3-4.7-106(e)]  |
| 21               |     |    |     | Swimming/wading pool meets and is maintained in accordance with ISDH rule under 410 IAC 6-2, and has current state/local health department permits. [3-4.7-70(d)(i)]               |
| 22               |     |    |     | Children have age appropriate immunizations as recommended by ISDH immunization schedule. [3-4.7-38(2), 3-4.7-86(d)]   |
| Total Yes        |     |    |     | Certificate Earned <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Total No         |     |    |     |  |
| Date of Survey   |     |    |     | Signature of surveyor  |
| Name of Ministry |     |    |     | Acknowledged by (signature and title)  |
| ID number        |     |    |     | County   |

Revised 5/25/2007

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
*Health Certification Worksheet*

| <b>Ministry's Health VCP Standard</b>  | <b>Evaluator's Evidence/Observation Standard</b>   | <b>Intent of the Standard</b>   |
|--|--|---|
| <p>(1)All staff members have physical examination within one (1) month of employment or six (6) months prior to employment. [470 IAC 3-4.7-85(1)]</p> <p><b>(sample adult physical form available at: <a href="http://www.in.gov/fssa/files/45877.pdf">http://www.in.gov/fssa/files/45877.pdf</a>)</b></p> | Review of staff records to ensure caregivers have the required physical.   | To ensure the understanding that the physical shall have been completed no more than 12 months prior to date of hire.   |
| <p>(2) All staff are verified to be free of tuberculosis and other communicable disease within 30 days of employment and have biennial testing for tuberculosis.[470 IAC 3-4.7-85(1),(2),(3),(4)]</p>  | Review of staff records to ensure caregivers are free of tuberculosis by verifying TB test results and/or via a physician's statement. | To clarify that the health professional can be a physician or nurse practitioner. Intended to ensure that each employee, volunteer, substitute, student aides and others having direct contact with the children or food service is physically and emotionally able to carry out the responsibilities of his/her job and is free from contagious disease. |
| <p>(3)Each child has physical exam within 30 days of admission or six months prior to admission. [470 IAC 3-4.7-86(a)]</p> <p><b>(sample child physical form available at: <a href="http://www.in.gov/fssa/files/45877.pdf">http://www.in.gov/fssa/files/45877.pdf</a>)</b></p>                            | Review of children's records to ensure children have the required physical.  | To ensure that each child attending the Center has a recent medical examination performed by a physician or nurse practitioner as protection for the ministry and the child. It is important that the ministry be aware of the health of each child in order that any health problems can be identified and the ministry can plan accordingly.            |
| <p>(4) Cots are spaced two (2) feet or more apart. (470 IAC 3-4.7-53)</p>  | Observation of nap areas to determine if cots are spaced correctly, are not being shared, and are not blocking exit doorways.          | To ensure that each child who rests or sleeps is provided a cot intended for his/her individual use and kept clean and in good repair to prevent the spread of germs and protect the safety and health of the children.   |
| <p>(5) Hot water (100-120 degrees F) is provided to all hand washing sinks. (470 IAC 3-4-7-53)</p>   | Utilizing a thermometer to determine if hot water, being supplied to children's hand washing sinks, is between 100 and 120 degrees F.  | To ensure that the ministry has a safe and adequate supply of water. Children's skin is quickly burned when hot water exceeds 120 degrees F. Soap lathers better in water temps between 100-120 degrees F.  |

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
*Health Certification Worksheet*

| <b>Ministry's Health VCP Standard</b>  | <b>Evaluator's Evidence/Observation Standard</b>  | <b>Intent of the Standard</b>   |
|--|---|---|
| (6)Records are maintained on all children's injuries. [(470 IAC 3-4.7-114(c),(d)]<br><br>(sample injury forms available at: <a href="#">Injury Report Form for Licensed Child Care</a> ) | Review of minor and major injury reports being maintained at the ministry.  | To ensure documentation of all injuries which occur to children in ministry care. To ensure the understanding of reporting requirements for minor and serious injuries.   |
| (7) Written policy to notify parents in the event of a child's illness or an emergency. [470 IAC 3-4.7-39(c)]  | Review of written policies to determine disease reporting and notification procedures.  | To ensure that the ministry notifies parents and staff members on the same day of the diagnosis of communicable or infectious disease.  |
| (8) Emergency medical authorization in event parent can not be reached. [470 IAC 3-4.7-37(1)]  | Review of emergency medical information documentation on children enrolled in the child care ministry.  | To ensure that the ministry has a signed document for each child authorizing the ministry to provide care to the child and to ensure pertinent information on each child to guide the ministry staff in the care provided to the child and in the event of emergencies. In addition, to ensure that the ministry has pertinent emergency contact information for parents and the individuals authorized to pick up the child from the ministry. This information serves to protect both the child and the ministry. |
| (9) Medicine not requiring refrigeration is stored in a locked cabinet or locked drawer outside of the kitchen. [470 IAC 3-4.7-88(i)]  | Observance of medication storage areas ensuring that they are not accessible to children and are locked.  | To ensure that all medicine containers are properly stored, labeled in original containers, and are not accessible to children.   |
| (10) All medications have a physician's written order. [470 IAC 3-4.7-86(c)]   | Check the health policies and procedures regarding the dispensing of <b><u>ALL</u></b> medications to ensure they are developed in compliance with the conditions of this standard. | To ensure the protection of children, the ministry must have clear, accurate instruction and medical confirmation of the child's need for medication while in the ministry. Staff shall not be involved with the dispensing of drugs based solely on the parent's desire to give the child meds.  |



**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
*Health Certification Worksheet*

| <b>Ministry's Health VCP Standard</b>   | <b>Evaluator's Evidence/Observation Standard</b>   | <b>Intent of the Standard</b>  |
|---|--|--|
| (11) All medications are appropriately recorded immediately after being administered to child (ren). [470 IAC 3-4.7-40(a)]  | Review the medication dispensing log for completeness and accuracy.  | Caregivers need to be aware of what medication the child is receiving, who prescribed it and when, and what the known reactions or side effects may be if a child has a negative reaction to the medicine. A medication log is essential if medications are frequently prescribed or if long-term medications are being used |
| (12) One toilet and one lavatory is provided and maintained for each 15 children age 2-12 years old. [470 IAC 3-4.7-113(a)]   | Count toilets and sinks, used by children, to determine if the correct number of facilities are available.   | To ensure that the ministry provides adequate toilet facilities. This is necessary to provide for personal cleanliness, to protect children from contamination from body waste and thus prevent the spread of germs which may cause disease such as typhoid fever, paratyphoid fever and dysentery.                          |
| (13) Diapering table is inaccessible to children and not used for any purpose except diapering. [470 IAC 3-4.7-94(f),(j)]   | Observe diaper changing procedure or have caregiver demonstrate the procedure.   | It is intended to protect the health of the children and staff by limiting the existence of disease causing organisms which may be spread during a diaper changing procedure. Ensures that diaper changing is done in a way that helps control the spread of bacteria.   |
| (14)Diaper changing procedures posted by each diapering area. [470 IAC 3-4.7-94(r) and 3-4.7-19(b)(2)]<br><br>(sample procedure available at: <a href="http://www.in.gov/fssa/files/45877.pdf">http://www.in.gov/fssa/files/45877.pdf</a> ) | Observance of posted and correct diaper changing procedures.   | Ensures that diaper changing is done in a way that helps control the spread of bacteria.   |
| (15) Cloth diapers and bedding used by facility is laundered in 160 degrees F or approved sanitizing solution. [470 IAC 3-4.7-141(p)]   | Observance of staff laundering cloth diapers/bedding in a washing machine with water temperature above one hundred sixty (160) degrees F or in a sanitizing solution of one (1) cup bleach or equivalent chemical per washer load. | To ensure that cloth diapers are used in a manner that prevents the spread of germs through fecal or other body waste contamination.   |

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
*Health Certification Worksheet*

| <b>Ministry's Health VCP Standard</b>  | <b>Evaluator's Evidence/Observation Standard</b>  | <b>Intent of the Standard</b>   |
|--|---|---|
| (16) A fresh, clean, waterproof paper is used on top of the diaper changing pad for each diaper changed. [470 IAC 3-4.7-94(n)]                           | Observe diaper changing procedure or have caregiver demonstrate the procedure.  | To clarify that waterproof paper shall be used on the diaper pad to the baby's bottom from contact with a contaminated surface during diapering.  |
| (17) Fifty (50) foot-candles of illumination are provided above classroom tables. [470 IAC 3-4.7-6(b)(3)]  | Ministry inspector will use an illumination (light) meter to determine if classrooms meet lighting standard.          | To ensure that all areas of the ministry shall have glare-free natural and/or artificial lighting that provided adequate illumination and comfort for activities. Too little light, too much glare and confusing shadows are commonly experienced lighting problems. Inadequate artificial lighting has been linked to eye strain, to headache and to non-specific symptoms of illness. Natural lighting is the most desirable lighting of all. |
| (18) Thirty (30) foot-candles of illumination are provided in bathrooms. [470 IAC 3-4.7-106(b)(4)]   | Using an illumination (light) meter to determine if bathrooms meet lighting standard.                                 | To provide adequate lighting so that caregivers can see all children at all times. Ensures that adequate lighting is available to for cleaning and maintenance duties.  |
| (19) Five (5) foot-candles in children rest and nap areas. [470 IAC 3-4.7-106(b)(6)]   | Using an illumination (light) meter to determine if rest and nap areas meet lighting standard.                        | To provide adequate lighting that caregivers can see all children at all times and that children who awaken can see to use the bathroom or evacuate in an emergency without waiting for their eyes to adjust to the room lighting. Determination of adequate lighting means that caregivers can see all children  |
| (20) Classroom temperature is maintained at sixty-eight (68) degrees F or more within two (2) feet of floor/ventilation adequate. [470 IAC 3-4.7-106(e)] | Utilizing a calibrated thermometer, classroom temperatures will be checked to determine if the standard is being met. | To ensure that the ministry has adequate exchange of air in the facility to control humidity temperature. Ensuring that heating units are inaccessible to children to prevent burns.  |

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
*Health Certification Worksheet*

| <b>Ministry's Health VCP Standard</b>  | <b>Evaluator's Evidence/Observation Standard</b>   | <b>Intent of the Standard</b>  |
|--|--|--|
| (21) Swimming/wading pool meets and is maintained in accordance with ISDH rule under 410 IAC 6-2, and has current state/local health department permits. [470 IAC 3-4.7-70(d)(i)]  | Review of pool use policies to include the appropriate chemical testing results of the swimming/wading pool and any permits issued by state or local government authorities.   | Intent is to ensure that children are not exposed to health or safety risks while swimming in in-ground swimming pools, permanent wading pools, and lakes owned by the ministry, staff, parents or others, certain requirements must be met. All must meet the ISDH public swimming standard to ensure the safety of children. |
| (20) Children have age appropriate immunizations as recommended by ISDH immunization schedule. [470 IAC 3-4.7-38(2), 3-4.7-86(d)]<br><br>(sample immunization record available at: <a href="#">History of Immunizations 49445/BCC 0036</a> ) | Using a 20% sample, review the files for documentation of complete age appropriate immunizations with annual updates, in accordance with BCC/ISDH standards.<br><ul style="list-style-type: none"> <li>• Check for written documentation, updated annually, for parental or physician objections to recommended immunizations.</li> <li>• Check the files for physician written documentation that a child is in the process of receiving complete age appropriate immunizations.</li> </ul> | Intended to prevent the spread of vaccine preventable diseases by ensuring that each child is immunized in accordance with BCC/ISDH standards.   |

| CHECKLIST FOR SAFETY CERTIFICATION (All cites begin with 470 IAC unless otherwise noted) |     |     |    |   |
|--|-----|-----|----|---|
| #  | YES | N/A | NO | GUIDELINES  |
| 1  |     |     |    | Child / staff ratios are maintained at all times as follows: [3-4.7-47]<br>(a) 4:1 infants<br>(b) 5:1 toddlers<br>(c) 5:1 two-year-olds in diapers<br>(d) 7:1 toilet trained two's with three-year-olds<br>(e) 10:1 three years old<br>(f) 12:1 four years old<br>(g) 15:1 five years old and older   |
| 2  |     |     |    | Children are under direct supervision at all times; during nap time child/staff ratios may be reduced to 50% of staff as long as child/staff ratio is maintained on the premises (does not apply to infants). [3-4.7-1(24)]   |
| 3  |     |     |    | All child care providers are at least 18 years old and have a HS Diploma or equivalent. [3-4.7-1(24)-(1)]   |
| 4  |     |     |    | At least one staff member is trained in age appropriate CPR, is on the premises, and available at all times. (IC 12-17.2-4-2)   |
| 5  |     |     |    | All staff are currently trained in First Aid within six (6) months of employment. [3-4.7-33(2)]   |
| 6  |     |     |    | The Director and all staff receive at least twelve (12) clock hours of educational or in-service training in topics relevant to early childhood, annually. (3-4.7-35)   |
| 7  |     |     |    | At least 35 square feet of usable indoor space is provided for each child. [3-4.7-110(a)]   |
| 8  |     |     |    | Land-line telephone is available and working. [3-4.7-119(c)]  |
| 9  |     |     |    | A written emergency plan is established and implemented. The plan is shared with parents at the time of enrollment and/or any time the provider initiates a change in any aspect of the plan. The purpose of the written emergency plan is to make all emergency policies and procedures clear to parents. The plan is to be signed by the parent(s) to indicate their understanding and acceptance of the policies and procedures. The written plan will include:<br>(a) The procedure for notifying parents in the event of the illness of a staff member(s) that may be contagious to others, or any emergency that prevents children from being cared for in the facility;<br>(b) Any back-up plan for care that the facility will arrange in the event of an emergency;<br>(c) The need for the parent to have a back-up plan for care in place in the event of their child's illness or the facility's inability to care for children;<br>(d) Exclusion policies pertaining to a child's health;<br>(e) Alternative contacts and medical care authorization available in case parents cannot be reached in the event of an emergency;<br>(f) A list, provided by the parent(s), or people authorized to pick up a child;<br>(g) A plan for fire evacuation or any other type of evacuation;<br>(h) A plan for safe shelter during a tornado warning or any other threatening weather emergency. |
| 10   |     |     |    | Telephone numbers for fire, ambulance, hospital and poison control are available at each telephone. [3-4.7-119(c)(1-8)]   |
| 11   |     |     |    | Emergency first aid procedures and disaster procedures are readily available and visible to all child care staff. [3-4.7-119(b)(9)]   |
| 12   |     |     |    | Emergency phone numbers for all children are available. [3-4.7-42]  |
| 13   |     |     |    | First aid supplies and manual are available. [3-4.7-91(c)(d)]   |
| 14   |     |     |    | Medication not requiring refrigeration is stored in a locked cabinet or drawer outside of the kitchen. [3-4.7-88(i)]  |
| 15   |     |     |    | Unused and / or outdated medications are discarded. [3-4.7-88(h)(k)(1)]   |
| 16   |     |     |    | The janitor's closet containing chemicals, poisons, and items which state "HARMFUL" or "FATAL IF SWALLOWED" is kept LOCKED. [3-4.7-100(a)]  |
| 17   |     |     |    | Hazardous items (such as bleach solution, other cleaning supplies, and teachers' purses) are inaccessible to children. [3-4.7-100(e)]   |
| 18   |     |     |    | Floors are smooth, carpet firmly secured. [3-4.7-99]  |
| 19   |     |     |    | Protective plugs are provided on all electrical outlets. Extension cords are not used. [3-4.7-101(a)(b)]  |
| 20   |     |     |    | An approved hot water control valve is provided for all hand-washing lavatories. [3-4.7-114(d)]   |
| 21   |     |     |    | A hand-washing lavatory is located within the same room or area as is the changing table or at least a minimum of 10 feet from the diapering table. [3-4.7-94(h)]   |
| 22   |     |     |    | Hallways and corridors have 20 foot-candles of lights. [3-4.7-106(b)(5)]  |
| 23   |     |     |    | Playground(s) is safely enclosed or protected. [3-4.7-68(b)]  |
| 24   |     |     |    | Indiana state wide criminal history checks on all child care providers, with no felony convictions and/or misdemeanor convictions related to the health and safety of a child. [3-4.7-8(c)]   |
| 25   |     |     |    | Drug screen (5 or 8 panel) on all child care providers with negative results; reviewed by a Medical Review Officer. [3-18-15]   |
| 26   |     |     |    | Indiana state sex/violent offender central registry check on all child care providers, with negative result. [3-4.7-8(a)]   |
| 27   |     |     |    | Meets the requirements of FPBSC. ("Opt-out" letters not used.) [3-4.7-2(b)]   |
| 28   |     |     |    | Occupancy capacities, as recommended by the Division are not exceeded. [3-4.7-2(h)]   |
| 29   |     |     |    | Discipline:<br>The director shall discuss and give the following information, in writing, to the parent at the time of the child's enrollment.<br>(a) Any person, while on child care center premises, shall not engage in or direct any of the following actions toward children:<br>(1) Inflict corporal punishment in any manner upon a child's body.<br>(2) Hit, spank, beat, shake, pinch, or any other measure that produces physical discomfort.<br>(3) Cruel, harsh, unusual, humiliating, or frightening methods of discipline, including threatening the use of physical punishment.  |

"Safety" Checklist Revised 1/07/08

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
*Safety Certification Worksheet*

| <b>Ministry's Safety VCP Standard</b>   | <b>Evaluator's Evidence/Observation Standard</b>  | <b>Intent of the Standard</b>   |
|---|---|---|
| <p>(1) Child / staff ratios are maintained at all times as follows:</p> <p>(a) 4:1 infants</p> <p>(b) 5:1 toddlers</p> <p>(c) 5:1 two-year-olds in diapers</p> <p>(d) 7:1 toilet trained two's with three-year-olds</p> <p>(e) 10:1 three years old</p> <p>(f) 12:1 four years old</p> <p>(g) 15:1 five years old and older</p> <p>[470 IAC 3-4.7-47]</p> | <p>Check children's attendance sheets and staffing schedules to determine compliance with specified child staff ratios.</p> <ul style="list-style-type: none"> <li>• Observe child/staff ratios in mixed age groups to determine compliance.</li> <li>• Ask Director and staff about child/staff practices especially at opening and closing times of the day.</li> </ul> | <p>Intent is to ensure that staff and parents are informed of the Safety VCP Standard child/staff ratio requirements. Child/staff ratios apply</p> <p>out doors on the playground as well as in the classrooms. To protect children from harm; understanding that it is permissible for a caregiver</p> <p>to leave the classroom only to use the restroom or to take care of an emergency for a child in the classroom and return immediately provided there is at least one qualified caregiver remaining in the classroom. This is not advisable in a room of infants or toddlers.</p> |
| <p>(2) Children are under direct supervision at all times; during nap time child/staff ratios may be reduced to 50% of staff as long as child/staff ratio is maintained on the premises (does not apply to infants). [470 IAC 3-4.7-1(24)]</p>  | <p>Observe child/staff ratios in each group and staffing patterns to determine that staff are directly supervising children at all times and not engaged in other activities</p>  | <p>The child/staff ratios established in this standard not only ensure that sufficient staff is always present to protect the safety of children but also encourage programs to provide for the developmental needs of children.</p>  |
| <p>(3) All child care providers are at least 18 years old [470 IAC 3-4.7-1(24)-(1)] and have a HS Diploma or equivalent.</p>  | <p>Check the personnel files for ages of staff.</p> <p>Check the personnel files for education levels of staff.</p> <p>.</p>  | <p>To ensure that staff providing child care have the knowledge necessary to provide developmentally appropriate care. This standard also intends to ensure that staff has the maturity to handle emergencies.</p>  |
| <p>(4) At least one staff member is trained in age appropriate CPR, is on the premises, and available at all times. ( IC 12-17.2-4-2)</p>   | <p>Written records ensuring the presence of person (s) certified in CPR appropriate to the ages of the children at all times of the operation of the child care ministry.</p>   | <p>To ensure that in case of emergencies there is always present, during all hours of operation and with children on field trips, a person (s) with annual certification in age appropriate CPR.</p>  |

**Preparing for VCP Certification**  
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| <b>Ministry's Safety VCP Standard</b>   | <b>Evaluator's Evidence/Observation Standard</b>   | <b>Intent of the Standard</b>   |
|---|--|---|
| (6) The Director and all staff receive at least 12 clock hours of educational or in-service training in topics relevant to early childhood, annually. (470 IAC 3-4.7-35)  | Check personnel files for required documentation of at least 12 hours of In-service for each staff on topics directly related to children.<br><ul style="list-style-type: none"> <li>• Cross-check with staff to ensure they participated in specified training.</li> <li>• Interview Directors about in-service training plans for the ministry.</li> <li>• Review documentation of training for the previous year to verify 12 hours of training in a 12 month period, because the review of records may take place in the middle of a training year.</li> </ul> | Intent is to specify the director receives ongoing training to reinforce knowledge in those areas pertinent to her/his responsibilities in administering the child care program. Also, to ensure that the required content areas of ongoing training for caregivers, thereby increasing their knowledge of working with young children. |
| (7) At least 35 square feet of usable indoor space is provided for each child.[470 IAC 3-4.7-110(a)]  | The following is used to determine the square footage of each room:<br>1. Measure the area from inside wall to inside wall or inside boundary to inside boundary.<br>2. Measure the area occupied by indoor equipment such as storage cubbies, lockers, and permanent built-in cabinets<br>3. Subtract measurement (2) from measurement (1). This figure is the total square feet of play area available for a group(s) of children in that room.<br>4. Divide the available play area (s) by thirty-five (35) square feet.  | Intent is to clarify that all space that is usable by children can be counted in the square footage for total capacity. However, required square footage must be maintained in individual classroom areas to determine capacity for that space.   |
| (8) Land-line telephone is available and working. [470 IAC 3-4.7-119(c)]  | Check for telephone and interview staff as to ministry procedures for telephone usage.   | Intends to ensure a working telephone for emergencies and for accessible emergency numbers.   |
| (9) Telephone numbers for fire, ambulance, hospital and poison control are available at each telephone. [470 IAC 3-4.7-119(c)(1-8)]   | Check for emergency numbers by all telephones.   | To ensure the understanding that these numbers shall be posted by all external phone lines.   |
| (10)Emergency first aid procedures and disaster procedures are readily available and visible to all child care staff. [470 IAC 3-4.7-119(b)(9)].<br><br>(sample first aid directives available at:<br><a href="http://www.in.gov/fssa/files/45877.pdf">http://www.in.gov/fssa/files/45877.pdf</a> | Check for first aid and disaster procedures.   | To ensure that the ministry post first aid directions and disaster procedures in each room or area.   |

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| <b>Ministry's Safety VCP Standard</b>  | <b>Evaluator's Evidence/Observation Standard</b>  | <b>Intent of the Standard</b>   |
|--|---|---|
| <p>(11) A written emergency plan is established and implemented. The plan is shared with parents at the time of enrollment and/or any time the provider initiates a change in any aspect of the plan. The purpose of the written emergency plan is to make all emergency policies and procedures clear to parents. The plan is to be signed by the parent(s) to indicate their understanding and acceptance of the policies and procedures. The written plan will include:</p> <ul style="list-style-type: none"> <li>✓ The procedure for notifying parents in the event of the illness of a staff member(s) that may be contagious to others, or any emergency that prevents children from being cared for in the facility.</li> <li>✓ Any back-up plan for care that the facility will arrange in the event of an emergency. The need for the parent to have a back-up plan for care in place, in the event of their child's illness or the facility's inability to care for children.</li> <li>✓ Exclusion policies pertaining to a child's health.</li> <li>✓ Alternative contacts and medical care authorization available in case parents can not be reached in the event of an emergency. A list, provided by the parent(s), or people authorized to pick up a child.</li> <li>✓ A plan for fire evacuation or any other type of evacuation.</li> </ul> <p>A plan for safe shelter during a tornado warning or any other threatening weather emergency.</p> | <p>Review the written plan and procedures to train staff and rehearse the plan.</p> <ul style="list-style-type: none"> <li>• Check for copies in all areas specified.</li> <li>• Ask Director and staff about implementation of the plan, including process for accurate head counts.</li> </ul>  | <p>Intent is to ensure that children and staff can be evacuated safely during any emergency situation. Emergency situations are not conducive to calm and composed thinking. A written plan provides the opportunity to prepare and to prevent poor judgments made under the stress of an emergency. An organized, comprehensive approach to injury prevention and control is necessary to ensure that a safe environment is provided children in child care. This approach requires written plans, policies, procedures, rehearsals and record-keeping so that there is consistency over time and across staff and an understanding between parents and caregivers about concerns for, and attention to, the safety of the children and staff.</p> |
| <p>(12) Emergency phone numbers for all children are available. [470 IAC 3-4.7-42]</p>   | <p>Check for telephone and interview staff as to ministry procedures for telephone usage.</p> <ul style="list-style-type: none"> <li>• Check for emergency numbers by all telephones.</li> </ul>  | <p>To ensure the understanding that these numbers shall be posted by all external phones. Also intends to ensure a working phone for emergencies and for accessible emergency numbers.</p>  |
| <p>(13) First aid supplies and manual are available. [470 IAC 3-4.7-91(c)(d)]</p> <p><b>(sample first aid directives available at: <a href="http://www.in.gov/fssa/files/45877.pdf">http://www.in.gov/fssa/files/45877.pdf</a>)</b></p>  | <p>Check for a first aid manual and kit, at a minimum, kit shall consist of the following:</p> <ol style="list-style-type: none"> <li>(1) Band-Aids/Sterile bandages and compresses.</li> <li>(3) Adhesive tape.</li> <li>(4) Scissors.</li> <li>(5) Flashlight.</li> <li>(6) Thermometer.</li> <li>(7) Disposable gloves.</li> <li>(8) Mild soap.</li> </ol> | <p>Intended to ensure that first aid supplies are available at all times as needed. That these be renewed to keep them in good usable condition and kept in a convenient place accessible only to staff. The number of kits will depend on the size and physical layout of the ministry but there should be two (2) kits at outside activities.</p>   |

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| <b>Ministry's Safety VCP Standard</b>   | <b>Evaluator's Evidence/Observation Standard</b>  | <b>Intent of the Standard</b>  |
|---|---|--|
| (14) Medication not requiring refrigeration is stored in a locked cabinet or drawer outside of the kitchen. [470 IAC 3-4.7-88(i)]                       | Observance of medication storage areas ensuring that they are not accessible to children and are locked.  | To ensure that all medicine containers are properly stored, labeled in original containers, and are not accessible to children.  |
| (15) Unused and / or outdated medications are discarded. [470 IAC 3-4.7-88(h)(k)(1)]  | Check medication expiration dates, physician's orders, and ministry's procedures for dispensing of medications.   | To ensure the protection of children and the ministry, the ministry must have clear, accurate instruction and medical confirmation, where needed, of the child's need for medication while in the ministry. Expired medications are considered void and shall not be given. Caregivers not be involved in dispensing medications based solely on the parent's desire to give the child medication. |
| (16) The janitor's closet containing chemicals, poisons, and items which state "HARMFUL" or "FATAL IF SWALLOWED" is kept LOCKED. [470 IAC 3-4.7-100(a)] | Ask about procedures to ensure that children are protected from the specified health and safety hazards<br>• Observe the facility for hazardous conditions specified.<br>• Check with Director/staff that poisonous products are not to be used while children are present. | To ensure that the child care premises are maintained in such a manner as to prevent accidental poisoning, to protect the safety of children from conditions such as: lead, hazardous materials, thermal hazards, and environmental hazards.   |
| (17) Hazardous items (bleach solution/other cleaning supplies and teachers' purses) are inaccessible to children. [470 IAC 3-4.7-100(e)]                | Observe the facility for hazardous conditions specified.  | To ensure that the child care premises are maintained in such a manner as to prevent accidental poisoning, to protect the safety of children from conditions such as: lead, hazardous materials, thermal hazards, and environmental hazards.   |
| (14) Medication not requiring refrigeration is stored in a locked cabinet or drawer outside of the kitchen. [470 IAC 3-4.7-88(i)]                       | Observance of medication storage areas ensuring that they are not accessible to children and are locked.  | To ensure that all medicine containers are properly stored, labeled in original containers, and are not accessible to children.  |



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|--|--|--|
| (19) Protective plugs are provided on all electrical outlets. Extension cords are not used. [470 IAC 3-4.7-101(a)(b)]  | Observance of electrical outlets to ensure they not exposed and are covered.                       | To protect the children from harm. Preventing children from placing fingers or sticking objects into exposed electrical outlets will prevent electrical shock, electrical burns and potential fires.       |
| (20) An approved hot water control valve is provided for all hand-washing lavatories. [470 IAC 3-4.7-114(d)]   | Observance of the hot water control valve.   | To ensure that the ministry has a safe and adequate supply of water. Children's skin is quickly burned when hot water exceeds 120 degrees F. Soap lathers better in water temps between 100-120 degrees F. |
| (21) A hand-washing lavatory is located within the same room or area as is the changing table or at least a minimum of 10 feet from the diapering table. [470 IAC 3-4.7-94(h)] | Check location of hand washing sink at it applies to the diapering area.                           | Intended to protect the health of the children through limiting the existence of disease causing organisms which may be spread during the diaper changing procedure.                                       |
| (22) Hallways and corridors have 20 foot-candles of lights. [470 IAC 3-4.7-106(b)(5)]  | Using an illumination (light) meter to determine if hallways and corridors meet lighting standard. | To provide adequate lighting so that caregivers can see all children at all times. Ensures that adequate lighting is available to for cleaning and maintenance duties.                                     |
| (23) Playground(s) is safely enclosed or protected. [470 IAC 3-4.7-68(b)]  | Observe outdoor play area ensuring that enclosure is in good repair and secure.                    | To ensure that the area is protected from harm to the children and that children are unable to leave the play area unsupervised.   |

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|---|--|--|
| (24)Indiana state wide criminal history checks on all child care providers, with no felony convictions and/or misdemeanor convictions related to the health and safety of a child. [470 IAC 3-4.7-8(c)]<br><br>(sample criminal history form available at: Request Information)   | Review the criminal history record check to determine if the offenses, if any, are sufficient to deny or revoke the VCP certification.   | The intent is that persons working in child care be free from any prior activity that may lead to the risk of harm to any child.   |
| (25) Drug screen (5 or 8 panel) on all child care providers w/negative results; reviewed by a Medical Review Officer. (470 IAC 3-18-15)   | Review the drug test results to determine if the offenses, if any, are sufficient to deny or revoke the VCP certification. Documentation that drug test results are verified by a Medical Review Officer (MRO).                                  | Evaluation of urine panel results by a certified medical review officer using positive cutoffs established by the DOT, ensures reliability of the test results.  |
| (26)Indiana state sex/violent offender central registry check on all child care providers, with negative result. [470 IAC 3-4.7-8(a)]<br><br>(form available at: <a href="#"><u>Consent To Release Information For Licensed Centers, Licensed Homes, Unlicensed Registered Ministries, and CCDF LLEPs 53323 (R/9-07)/BCC 0330</u></a> ) | Review the CPI/SOR check to determine if the offenses, if any, are sufficient to deny or revoke the VCP certification.   | The intent is that persons working in child care be free from any prior activity that may lead to the risk of harm to any child.   |
| (27) Meets the requirements of FPBSC. ("Opt-out" letters not used.) [470 IAC 3-4.7-2(b)]  | Checks ministry's "Certificate of Registration" for fire Inspector signature of approval/checks for a completed Statement of Compliance signed by the fire inspector. Checks for use of Opt Out letters instead of meeting fire alarm standards. | Intent is to protect the children from risk of harm by assuring that the ministry remains in full compliance with all applicable provisions of the fire safety code.   |
| (28) Occupancy capacities, as recommended by the Division are not exceeded. [470 IAC 3-4.7-2(h)]  | "Occupancy Capacities" means the division will determine maximum capacity based on square footage by adding the capacities of the individual rooms/areas. Capacity for fire and building issues may be different.                                | The intent of setting a maximum capacity is to ensure that the number of children present at any given time does not exceed the ministry's ability to provide adequate supervision and care to each child in care. If the maximum capacity is exceeded, the health, safety and welfare of the children in care may be jeopardized. |

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|--|--|--|
| <p>(29) Discipline:<br/> The director shall discuss and give the following information, in writing, to the parent at the time of the child's enrollment.</p> <p>(a) Any person, while on child care center premises, shall not engage in or direct any of the following actions toward children:</p> <p>(1) The director shall discuss and give the following information, in writing, to the parent at the time of the child's enrollment.</p> <p>(2) Any person, while on child care center premises, shall not engage in or direct any of the following actions toward children:</p> <p>(3) The director shall discuss and give the following information, in writing, to the parent at the time of the child's enrollment.</p> <p>(a) Any person, while on child care center premises, shall not engage in or direct any of the following actions toward children:</p> <p>(1) Inflict corporal punishment in any manner upon a child's body.</p> <p>(2) Hit, spank, beat, shake, pinch, or any other measure that produces physical discomfort. Cruel, harsh, unusual, humiliating, or frightening methods of discipline, including threatening the use of physical punishment.</p> <p>(4) Placement in a locked or dark room.</p> <p>(a) (5) Public or private humiliation, yelling, or abusive or profane language.</p> <p>(a) Caregivers shall not associate disciplinary action or rewards with rest.</p> <p>(b) Caregivers shall not associate disciplinary action with food or use food as a reward. Caregivers shall not associate disciplinary action or humiliate a child in regard to toileting.</p> <p>(b) Caregivers shall not:</p> <p>(1) (1) use time out for any child less than three (3) years of age; use time out for any purpose other than to enable the child to regain control;</p> <p>(2) physically restrain children except:</p> <p>(A) when it is necessary to ensure their own safety or that of others; and</p> <p>(B) only for as long as is necessary for control of the situation; and use punishment to correct unacceptable behavior (470 IAC 3-4.7-54), (470 IAC 3-4.7-55) &amp; (470 IAC 3-4.7-56)</p> | <p>Review the ministry's written discipline plan and discuss discipline procedures with Director and staff.</p> <ul style="list-style-type: none"> <li>○ Observe the interactions between caregivers and children for positive methods of communicating</li> <li>○ Observance of the program for methods of discipline.</li> </ul> | <p>Discipline should be an on going process to help children develop inner control so they can manage their own behavior in a socially approved manner and appropriate to their age, and developmental level. This standard intends to ensure that the Ministry makes every effort to use positive methods in communicating with children and teaching them to work through problems themselves.</p> |

**Checklist for Infant/Toddler Certification, Unlicensed Registered Childcare Ministries**  
(All cites begin with 470 IAC unless otherwise noted)

| Item #           | Yes | No | N/A | Guidelines   |
|------------------|-----|----|-----|--|
| 1                |     |    |     | Infants and toddlers are kept under direct supervision at all times including while napping. [3-4.7-48(e)]   |
| 2                |     |    |     | Infants and toddlers are kept in separate rooms unless room is approved for alternative mixed age groups, w/age appropriate equipment, limited to infant-36 months (no throughways). [3-4.7-143(c) and 3-4.7-52] |
| 3                |     |    |     | Infants have at least one sink for hand-washing in the room. [3-4.7-143(e)]  |
| 4                |     |    |     | Toddler rooms have toilet rooms opening directly in/attached to each room and include a lavatory in the room. [3-4.7-113(g)]   |
| 5                |     |    |     | Each room has changing table or changed in own crib. [3-4.7-94(e1) and (e2)]   |
| 6                |     |    |     | All surfaces except carpet in Infant / Toddler rooms are sanitizable. [3-4.7-131(d)]   |
| 7                |     |    |     | Infants are out of cribs while awake. [3-4.7-126(4)]   |
| 8                |     |    |     | Diaper bags are inaccessible to children. [3-4.7-94(a)]  |
| 9                |     |    |     | Diapering and food area separate in each room. [3-4.7-94(k)]   |
| 10               |     |    |     | At least one (1) rocking chair is available to each caregiver in infant rooms and at least one (1) rocking chair is available in toddler rooms. [3-4.7-129(22)]  |
| 11               |     |    |     | Sheets changed daily / extra supply of bedding available. [3-4.7-129(o) and (r)]   |
| 12               |     |    |     | Cribs / cots are spaced 3 feet apart. [3-4.7-141(l) and (t)]   |
| 13               |     |    |     | Cribs / mattress sizes correct / good shape of repair. [3-4.7-141(f)(g)(h)]  |
| 14               |     |    |     | Daily needs records are kept and posted. [3-4.7-122(a)]  |
| 15               |     |    |     | Parents provide a feeding plan for Infants and kept current. [3-4.7-134(b)]  |
| 16               |     |    |     | Staff practices safe sleep procedures as approved by Bureau of Child Care.   |
| 17               |     |    |     | A written safe sleep policy is signed by parents.  |
| 17               |     |    |     | Infants' bottles are not "propped". [3-4.7-134(j)]   |
| 18               |     |    |     | Infants are held when fed. [3-4.7-134(j)]  |
| 19               |     |    |     | Toddler sized chairs and tables are used for eating. [3-4.7-140(e)]  |
| 20               |     |    |     | Harnesses are used on highchairs. [3-4.7-140(f)]   |
| 21               |     |    |     | Toddler foods are appropriate for age. (No choking hazards.) [3-4.7-139(e)]  |
| 22               |     |    |     | Age appropriate dishes and utensils for infants and toddlers are used. [3-4.7-140(k)]  |
| 23               |     |    |     | Infants and toddlers are fed in their own rooms [3-4.7-132(h) and 140d]  |
| 24               |     |    |     | Child staff ratios are 4:1 for infants and 5:1 for toddlers. [3-4.7-47]  |
| 25               |     |    |     | No person under the age 21 shall at any time be alone with children under two years of age. [3-4.7-121(e)]   |
| 26               |     |    |     | All infant/toddler staff have approved age appropriate 1 <sup>st</sup> Aid and CPR. [3-4.7-34(2) and 33(1)]  |
| 27               |     |    |     | Use of a television is prohibited [3-4.7-132d and 133c]  |
| 28               |     |    |     | No microwaves are used to heat infant bottles. [3-4.7-134(h)]  |
| Total Yes        |     |    |     | Certificate Earned <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Total No         |     |    |     |  |
| Date of Survey   |     |    |     | Signature of surveyor  |
| Name of Ministry |     |    |     | Acknowledged by (signature and title)  |
| ID number        |     |    |     | County   |

Revised 5/25/2007

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
***Infant and Toddler Certification Worksheet***

| <b>Ministry's Infant/Toddler VCP Standard</b>  | <b>Evidence/Observation Standard</b>  | <b>Intent of the Standard</b>  |
|--|---|--|
| (1) Infants and toddlers are kept under direct supervision at all times including while napping. [470 IAC 3-4.7-48(e)].  | Observance of staff during infant and toddler nap times to ensure that infant and toddler child are being sight and sound supervised.   | Supervision is the most basic of the prevention of harm. Parents depend on caregivers to supervise their children and an adult must be able to hear and see a child in the event of an emergency.  |
| (2) Infants and toddlers are kept in separate rooms unless room is approved for alternative mixed age groups, w/age appropriate equipment, limited to infant-36 months (no throughways). [470 IAC 3-4.7-143(c) and 470 IAC 3-4.7-52] | Observance of the infant and toddler rooms ensuring that only the approved ages are present.  | Infants need quiet, calm environments, away from the stimulation of other more boisterous children. Young children should be the focus for intervention to reduce the incidence of respiratory tract infections. Additionally, developmental and curriculum needs must also be addressed when mixing age groups. |
| (3) Infants have at least one sink for hand-washing in the room. [470 IAC 3-4.7-143(e)]  | Observance of at least one (1) operational hand washing sink, within ten (10) feet of the diapering area, for staff.  | Intent is to ensure that staff have a readily operational hand washing sink available so that they may wash their hands immediately after diapering. It also ensures that staff do not have to leave the infant room to wash hands after diapering, preventing an unsupervised situation.                        |
| (4) Toddler rooms have toilet rooms opening directly in/attached to each room and include a lavatory in the room. [470 IAC 3-4.7-113(g)]   | Observance of at least one (1) operational hand washing sink, within ten (10) feet of the diapering area and at least one (1) operational toilet, for toddlers, opening directly into the toddler room.   | The intent is to ensure that toddlers, who are in the stages of potty training, achieve bowel and bladder control. Having quick accessibility to the toilet should enable the toddler to take an active part in controlling the functions of their body, giving them a sense of pride and confidence.            |
| (5) Each room has changing table or changed in own crib. [470 IAC 3-4.7-94(e1) and (e2)]   | Observance of at least one (1) diaper changing procedure, ensuring that diaper table and pad is cleanable and sanitizable or that a water proof barrier is used between the baby's bottom and the sheeted crib mattress between each diaper change.(if changed in a crib) | Intent is to ensure that the spread of disease, through body waste contamination, is prevented. It also ensures that staff do not have to leave the infant/toddler room to change diapers, preventing an unsupervised situation.   |

**Preparing for VCP Certification**  
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*Infant and Toddler Certification Worksheet*

| <b>Ministry's Infant/Toddler VCP Standard</b>  | <b>Evaluator's Evidence/Observation Standard</b>   | <b>Intent of the Standard</b>  |
|--|--|--|
| (6) All surfaces except carpet in Infant / Toddler rooms are sanitizable.[470 IAC 3-4.7-131(d)]  | Observance of floor covering ensuring that it is intact. That the floor covering, at least 2 ft around the diaper table, is not carpeted and is cleanable and sanitizable.   | Intent is to ensure that the infant and toddler room floor coverings are in a good state of repair to prevent the spread of disease.   |
| (7) Infants are out of cribs while awake. [470 IAC 3-4.7-126(4)]   | Observance of infants awake and out of their cribs.  | Infants need opportunities for all of the activities outlined in this rule to help them develop across all areas of development. Infants need to be out of their cribs most of the time when awake to allow opportunities for exploration and healthy physical and intellectual development. This also requires that attention be paid to the safety and health of infants during periods when they are out of their cribs in safe, carpeted areas allowing them to explore freely. It is expected that the time that an awake infant in their crib shall not exceed 15 minutes. |
| (8) Diaper bags are inaccessible to children. [470 IAC 3-4.7-94(a)]  | Observance in room to determine if diaper bags or similar items are accessible to children. Diaper bags should not be in rooms or must be secured in such a way as to prevent accessibility to children.   | Intent is to ensure that infants and toddlers do not come in contact with potentially contaminated and/or hazardous articles.  |
| (9) Diapering and food area separate in each room. [470 IAC 3-4.7-94(k)]   | Observance of diapering area and food service and/or prep areas, ensuring that the areas are least 10 feet apart or are separated by a cleanable barrier.  | Intent is to ensure that food service/prep areas are not contaminated by body fluids or other forms of disease producing bacteria.   |
| (10) At least one (1) rocking chair is available to each caregiver in infant rooms and at least one (1) rocking chair is available in toddler rooms. [470 IAC 3-4.7-129(22)] | Observance of infant/toddler rooms ensuring that there is at least one (1) cleanable and sanitizable rocking chair for staff in the infant room (utilizing a 4 infant to one staff ratio) and at least one (1) approved rocking chair in the toddler room (utilizing a 10 toddler to one staff ratio). | Rocking chairs are a tool to assist caregivers during the feeding when holding infants and toddlers. The slow rocking motion tends to provide a soothing and calming affect on young children. Caregivers are required to hold infants during feeding.   |

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
*Infant and Toddler Certification Worksheet*

| <b>Ministry's Infant/Toddler VCP Standard</b>   | <b>Evaluator's Evidence/Observation Standard</b>  | <b>Intent of the Standard</b>   |
|---|---|---|
| (11) Sheets changed daily/extra supply of bedding available.<br>[470 IAC 3-4.7-129(o) and (r)]  | Observance of crib linens for cleanliness and snugness around mattress.<br>Availability of extra clean sheets also evaluated.   | To ensure that infants and toddlers are permitted to sleep according to their own needs in safe, clean and sanitary sleeping equipment and bedding.   |
| (12) Cribs/cots are spaced 3 feet apart. [470 IAC 3-4.7-141(I) and (t)]   | Observance of crib and/or cot spacing, 3 feet for cribs and 2 ½ feet for cots, when in use. Only one child per crib/cot.  | Cribs must be properly spaced on all sides to prevent the spread of germs unless they touch a wall or room divider. For the children's safety cribs must not obstruct aisles or exits while children are using them. To clarify that cribs are not required to be spaced 3 feet apart if they are separated by a sanitizable divider that extends 6 inches out from floor to ceiling. This divider shall allow supervision. |
| (13) Cribs/mattress sizes correct and in good state of repair.<br>[470 IAC 3-4.7-141(f)(g)(h)]  | Observance of cribs to determine if they meet CPSC Standards; spacing between crib slats no more than 2 3/8 inches wide; mattress at it's lowest setting in crib; cribs are not made of wicker, mesh or other non-sanitizable material; no infant taller than 30 inches in a "portable crib" and no infant taller than 36 inches in a full size crib; no evidence of cracks or peeling paint noted on crib; crib sturdy and installed correctly; mattress spacing no more than 1 inch of sides of crib; mattress cleanable, in good repair without tears. | To protect the safety of infants/toddlers, cribs must meet safety standards as specified in the requirements of this rule. The intent is to prevent strangling, falls and other injuries.   |
| (14) Daily needs records are kept and posted. [470 IAC 3-4.7-122(a)]<br><br>(sample form available at:<br><a href="http://www.in.gov/fssa/files/45878.pdf">http://www.in.gov/fssa/files/45878.pdf</a> )                     | Observance of each infant "Daily Needs" records ensuring completeness and accuracy.   | To ensure that the Center has important information about the child's needs and characteristics to help staff in the child's care.  |
| (15) Parents provide a feeding plan for Infants and kept current. [470 IAC 3-4.7-134(b)]<br><br>(sample form available at:<br><a href="http://www.in.gov/fssa/files/45878.pdf">http://www.in.gov/fssa/files/45878.pdf</a> ) | Observance of infant feeding plans, as provided by infant's parent, ensuring plan meets the nutritional needs of the infant.  | To ensure the understanding that it is acceptable to have these feeding plans in a binder in the infant classroom and available to parents and staff.   |

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
*Infant and Toddler Certification Workbook*

| <b>Ministry's Infant/Toddler VCP Standard</b>                                    | <b>Evaluator's Evidence/Observation Standard</b>   | <b>Intent of the Standard</b>   |
|--|--|---|
| (16) Staff practices safe sleep procedures as approved by Bureau of Child Care.  | Observance of staff safe sleep practices: infants placed on their backs for sleeping (unless medically indicated w/physician's statement); no plush toys in cribs, no bumper pads around crib sides; blankets not covering infant's mouth; infants sleeping in approved cribs not "bouncy seats/car seats etc. | Placing infants to sleep on their backs instead of their stomachs has been associated with dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). Infants have been found dead on their stomachs with their faces, noses and mouths covered by soft bedding, such as pillows, quilts, and comforters.  |
| (17) A written safe sleep policy is signed by parents.                           | Observance of a signed "safe sleep policy" statement signed by parents is available.   | Parents may not request a waiver for this unless there is a documented medical reason signed by a doctor. When infants turn over on their own, it is permissible to leave them on their stomachs rather than awakening them, however all infants shall be placed on back or sides when placed in the crib. It is expected that infants that fall asleep in other locations, such as a swing or seat, be promptly moved to their crib. |
| (18) Infants' bottles are not "propped". [470 IAC 3-4.7-134(j)]                  | Observance of staff infant/toddler bottle feeding ensuring that no infant toddler is being fed with a "propped" bottle.  | To ensure that infants are held while being fed bottles shall not be propped and can lead to a choking hazard.  |
| (19) Infants are held when fed. [470 IAC 3-4.7-134(j)]                           | Observance of staff infant feeding procedure ensuring that infants are held during feeding.  | Infants need the emotional security and stimulation of being held and rocked, and caregivers should be encouraged to provide close physical contact to infants.   |
| (20) Toddler sized chairs and tables are used for eating. [470 IAC 3-4.7-140(e)] | Observance of staff toddler feeding procedure ensuring that toddlers are placed at/in age appropriate tables and chairs, that are cleanable, sanitizable, and are in good repair.  | To ensure that toddlers are not placed in/at furniture that is adult sized possibly leading to an unsafe environment.   |



**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
***Infant and Toddler Certification Worksheet***

| <b>Ministry's Infant/Toddler VCP Standard</b>   | <b>Evaluator's Evidence/Observation Standard</b>  | <b>Intent of the Standard</b>  |
|---|---|--|
| (21) Harnesses are used on highchairs. [470 IAC 3-4.7-140(f)]   | Observance of toddler feeding in highchairs or other devices where the use of harnesses or belting is required. Children must be harnessed and/or belted when in such devices. Harnesses and/or belts must be clean and in good repair. | Toddlers need special equipment to eat safely. Highchairs can present a hazard if used incorrectly. Wide bases on highchairs provide a low center of gravity and prevent tipping. A safety strap keeps the child from standing while eating. Low tables or appropriately sized feeding tables are preferable.                                  |
| (22) Toddler foods are appropriate for age. (No choking hazards.) [470 IAC 3-4.7-139(e)]<br><br>(sample toddler menus available at: <a href="http://www.in.gov/fssa/files/46682.pdf">http://www.in.gov/fssa/files/46682.pdf</a> ) | Observance of toddler feeding ensuring that foods are sized appropriately as to not cause choking; foods offered are age appropriate and nutritious   | To ensure that toddlers are offered a nutritionally adequate diet in a safe environment which helps the child establish positive attitudes toward eating.  |
| (23) Age appropriate dishes and utensils for infants and toddlers are used. [470 IAC 3-4.7-140(k)]  | Observance of dishware and eating utensils used by infants and toddlers ensuring that they are age appropriate.   | Infants/Toddlers need special equipment to eat safely. Self feeding allows infants/toddlers to decide for himself or herself how much food to eat, allowing them to practice doing things for themselves. It also permits the proper development of motor skills and eating habits.  |
| (24) Infants and toddlers are fed in their own rooms [470 IAC 3-4.7-132(h) and 140d]  | Observance of staff feeding procedures ensuring that infants and toddlers are being fed in their own rooms.   | Feeding is important to an infant/toddler not only because it provides essential nutrients for the child's health and growth, but also because it is one of the regular events of the infant's/toddler's life around which important contacts with people occur. This standard ensures that an infant/toddler is fed in a safe and caring way. |
| (25) Child staff ratios are 4:1 for infants and 5:1 for toddlers. [470 IAC 3-4.7-47]  | Observance of infant/toddler child to staff ratios.   | Child/staff ratios ensure that sufficient staff are always present to protect the safety of children but also encourages programs to provide for the developmental needs of children.  |

**Preparing for VCP Certification**  
**Unlicensed Registered Child Care Ministries**  
*Infant and Toddler Certification Worksheet*

| <b>Ministry's Infant/Toddler VCP Standard</b>  | <b>Evaluator's Evidence/Observation Standard</b>   | <b>Intent of the Standard</b>   |
|--|--|---|
| (26) No person under the age 21 shall at any time be alone with children under two years of age. [470 IAC 3-4.7-121(e)]  | Observance of infant/toddler staff to determine age; may include asking staff their age and/or verification of age through a picture identification card.  | To ensure that staff providing care for infants/toddlers have the knowledge necessary to provide developmentally appropriate care and to ensure that each infant and toddler is assigned a primary caregiver for continuity of care. It also intends to ensure that infants and toddlers shall never be left unattended. No staff person under the age of 21 years may be left alone with infants and toddlers to ensure the staff have the maturity to handle emergencies.   |
| (27) All infant/toddler staff have approved age appropriate 1 <sup>st</sup> Aid and CPR. [470 IAC 3-4.7-34(2) and 33(1)] | Review of caregiver records to ensure that age appropriate 1 <sup>st</sup> Aid training is current for all staff/volunteers.<br>Review of caregiver records to ensure CPR is current to within one year. | To establish that it is necessary for the ministry to have at least one person certified in CPR and all staff trained in 1 <sup>st</sup> Aid to meet this standard.<br><ul style="list-style-type: none"> <li>• All staff shall be aware of persons on site who are CPR certified.</li> <li>• All infant and toddler caregivers shall be annually certified in infant/child CPR. All caregivers shall maintain current certification in first aid applicable to all age groups of children cared for by the ministry. Only employees and volunteers who are counted in the child/staff ratio must be trained in first aid.</li> </ul> |
| (28) Use of a television is prohibited [470 IAC 3-4.7-132d and 133c]   | Observation of room activities ensuring that use of a television is not part of the curriculum.  | TV is not adequate when considering flexibility and instructional quality.  |
| (29) No microwaves are used to heat infant bottles. [470 IAC 3-4.7-134(h)]   | Observance of bottle warming procedures.   | Micro waving causes "hot spots" and breaks down essential nutrients.  |

# REGISTERED CHILD CARE SECTION

## Staff and Inspection Regions

### Bureau of Child Care Unlicensed Registered ChildCare Ministries

#### Consultants

- ① Larry Sakowski  
219-981-6423  
[Lawrence.Sakowski@fssa.in.gov](mailto:Lawrence.Sakowski@fssa.in.gov)
- ② Heidie Johnson  
260-745-5093  
[Heidie.Johnson@fssa.in.gov](mailto:Heidie.Johnson@fssa.in.gov)
- ③ Barbara Whitson  
765-668-4500, x240  
[Barbara.Whitson@fssa.in.gov](mailto:Barbara.Whitson@fssa.in.gov)
- ④ Gary Rogers  
317-233-5412  
[Gary.Rogers@fssa.in.gov](mailto:Gary.Rogers@fssa.in.gov)
- ⑤ Robert Campbell  
812-895-3588  
[Robert.Campbell@fssa.in.gov](mailto:Robert.Campbell@fssa.in.gov)

Ken Hudson, Manager  
Registered Child Care  
(317) 232-4467  
[Kenneth.Hudson@fssa.in.gov](mailto:Kenneth.Hudson@fssa.in.gov)  
JoeAnn Phillips,  
Admin Support  
317-233-5413  
[JoeAnn.Phillips@fssa.in.gov](mailto:JoeAnn.Phillips@fssa.in.gov)

\*Marion County has  
two (2) Consultants:  
Barbara Whitson  
Gary Rogers



Effective July 26, 2007

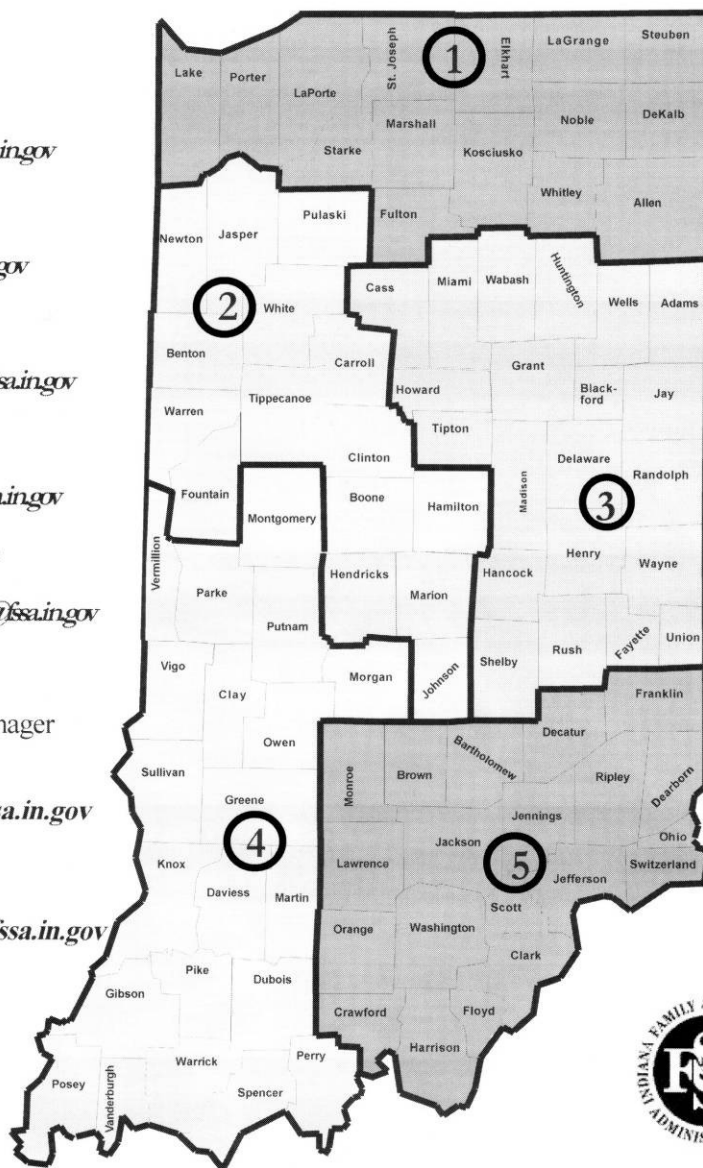
Child Care Information Line:  
1-877-511-1144

## Bureau of Child Care Child Care Nurse Consultants

### Consultants

- ① Anita Doctor  
260-456-1269  
[Anita.Doctor@fssa.in.gov](mailto:Anita.Doctor@fssa.in.gov)
- ② Toni Elzy  
317-234-4056  
[Toni.Elzy@fssa.in.gov](mailto:Toni.Elzy@fssa.in.gov)
- ③ Paula McClain  
765-983-7714  
[Paula.McClain@fssa.in.gov](mailto:Paula.McClain@fssa.in.gov)
- ④ Diana Gullett  
812-358-2426, x251  
[Diana.Gullett@fssa.in.gov](mailto:Diana.Gullett@fssa.in.gov)
- ⑤ Melanie Childress  
812-273-3867  
[MelanieChildress@fssa.in.gov](mailto:MelanieChildress@fssa.in.gov)

Lisa Clifford, Manager  
Child Care Health  
317-234-3923  
[Lisa.Clifford@fssa.in.gov](mailto:Lisa.Clifford@fssa.in.gov)  
Carolyn Staten  
Admin Support  
317-232-4469  
[Carolyn.Staten@fssa.in.gov](mailto:Carolyn.Staten@fssa.in.gov)



Child Care Information Line  
1-877-511-1144

Updated July 10, 2007

## Unlicensed Registered Child Care Ministries Paths to QUALITY

**Paths to QUALITY** is a system where each level builds on the foundation of the previous one, resulting in significant quality improvements at each stage and resulting in national accreditation at the highest level. The four levels address:

- Level One: Health and Safety needs of children met.
  - Level Two: Environment supports children's learning.
  - Level Three: Planned curriculum guides child development and school readiness.
  - Level Four: National accreditation (the highest indicator of quality) is achieved.
- **Getting Started – Six (6) Standards to Meet Level 1 Paths to QUALITY**
    - Contact your ministry inspector, a BCC Health Consultant, or your local Resource and Referral agency for assistance or questions regarding the Paths to QUALITY program.
    - **Standard 1:** Must be in good standing with BCC and DHS, Fire Safety Division (Registration is current and passed inspections).
    - Ministry must pass BCC semi-annual sanitation inspections with 70% or above
    - Ministry must pass annual DHS, Building and Fire Safety Inspection





- **Standard 2:** Must pass all 4 VCP standards, unless infants/toddler care is not applicable.



## Level 1 Paths to QUALIY Standards (con't)

- **Standard 3:** Must meet all 16 CCDF provider eligibility standards.
  - **Smoke Detectors/Fire Alarm and Suppression System**
    - ❖ Fire suppression system on all floors servicing children or
    - ❖ Inline smoke detectors on all floors servicing children or
    - ❖ Working battery operated smoke detectors on all floors servicing children
    - ❖ Use of “OPT OUT LETTERS” is not authorized
  - **Fire Extinguisher**
    - ❖ At least a 2 ½ pound, mounted, ABC type fire extinguisher on all floors servicing children and one in the kitchen
    - ❖ Rechargeable type checked and serviced annually or
    - ❖ disposable type changed every two (2) years
  - **Exits**
    - ❖ One marked exit at different sides of the building
    - ❖ Exits are not blocked
    - ❖ Exit routes do not pass through hazardous areas
  - **Fire Drills**
    - ❖ Documented monthly fire drills including:
      - date/time/weather/name of person conducting drill/evacuation time
  - **TB Tests and Results/Health Assessment**
    - ❖ All caregivers have a TB test with results
    - ❖ Caregivers w/positive TB tests have an annual health assessment
  - **Written Emergency Plans**
    - ❖ Illness, serious injury, or death of a provider
    - ❖ Care of children in an emergency
    - ❖ Posted fire and tornado evacuation plans
  - **Training In First Aid and CPR**
    - ❖ At least one adult caregiver w/annual certification in age appropriate CPR on site at all times
    - ❖ All staff w/current certification in First Aid
  - **Hot and Cold Running Water From an Approved Source**
    - ❖ Accessible children’s hand sinks w/hot & cold running water from an approved source – Water maintained between 100°-120° F
  - **Working Telephone (landline)**
    - ❖ Readily available working landline telephone
    - ❖ Record of phone service available

## CCDF Standards (con't)

- **Hazardous Items Inaccessible To Children**
  - ❖ Firearms and/or ammunition
  - ❖ Poisons, chemicals, bleach, and cleaning materials
  - ❖ Other potentially hazardous items
- **Child Protection Index (CPI) Check on all involved in child care (Checks done by BCC)**
  - ❖ All caregivers must have CPI check (including person signing application)
  - ❖ Facility is not an eligible CCDF provider if any caregivers are found to have a substantiated child abuse or child neglect CPI check (Regardless of Date and/ or Circumstances of Occurrence)
- **Limited Criminal History Checks /Written Policy**
  - ❖ Each caregiver has a Limited State Wide Criminal History check (includes person signing the application) or
  - ❖ Local Criminal History check (good for 45 days and applies to CCDF requirements only) and documentation of a request for a Limited State Wide Criminal History check
  - ❖ Facility is not an eligible CCDF provider if any caregivers are found to have ANY (Regardless of Date of Occurrence):
    - Felony conviction
    - Misdemeanor conviction related to the health and safety of a child
  - ❖ Written Policy requiring caregivers to report any conviction to facility
- **Continual Supervision of Children**
  - ❖ All children must be continually supervision (within sight or sound) by child care staff/volunteer
  - ❖ Supervision of children must be done by staff/volunteer at least 18 years old
  - ❖ Use of artificial monitoring devices, as primary supervision mechanism, is not approved
- **Drug Tests/Written Policy**
  - ❖ All caregivers must have a 5 or 8 panel drug urine test, which must include:
    - Marijuana
    - Opiates
    - Cocaine
    - Amphetamines
    - Phencyclidine (PCP)
  - ❖ Drug test results MUST be verified by a Medical Review Officer (MRO)
  - ❖ Facility is not an eligible CCDF provider if any caregivers are found to have a positive drug test
  - ❖ Written policy:
    - On staff w/positive drug tests (minimum of 45 days suspension is required w/2 negative follow-up drug tests)



## CCDF Standards (con't)

- **Child Immunizations**
  - ❖ All children are required to be immunized (as recommended by ISDH) including Varicella (chicken pox) and Pneumococcal vaccines
    - 3 documented exemptions
      - Religious beliefs statement from parent
      - Medical restrictions statement from physician
      - Physician's statement stating child in process of receiving immunizations
- **Written Policy Prohibiting:**
  - ❖ Written policy prohibiting the use of tobacco, the use of alcohol, and the use of illegal substances during child care operating hours

## CCDF Standards Checklist

**CCDF PROVIDER ELIGIBILITY STANDARDS CHECKLIST**  
State Form 51363 (R / 3-04) (BCD 0391)

|                 |                         |
|-----------------|-------------------------|
| Provider Number | Surveyor or Consultant  |
| Address         | Date (month, day, year) |
| City            | Time From: To:          |
| County          | Phone                   |

During the inspection of this LLEP home, \_\_\_\_\_ children present & \_\_\_\_\_ were related to the provider.

| REQUIREMENT:   | YES | NO |
|--|-----|----|
| <b>IC 12-17-2-3-5-5</b><br>1. A Residential Building shall have working smoke detectors on each level, top of each stairway and adjacent to each sleeping area (as required by SFM) OR<br>A Non-residential Building shall have fire alarm and suppression systems as required by applicable rule of the Fire Prevention and Building Safety Commission.<br>Building Type: _____   |     |    |
| <b>IC 12-17-2-3-5-10(b)(3)</b><br>2. Two and a half pound or greater ABC multiple purpose fire extinguisher on each floor and in the kitchen with valid expiration date.   |     |    |
| <b>IC 12-17-2-3-5-10(a)</b> (Applies to providers enrolled in CCDF program after June 30, 2002)<br>3. A facility where a provider operates a child care program must have two exits that:<br>• Are on different sides of the building.<br>• Do not go through a garage or storage area where hazardous materials are stored.<br>• Are not blocked.<br>• Are not windows.<br>• Are operable from the inside in a one step process (no key or special knowledge required). |     |    |
| <b>12-17-2-3-5-10(b)(1) and (2)</b><br>4. Each child care provider shall have monthly documented fire drills including date/time/weather conditions/name of person conducting drill/life evacuation time and maintained for previous 12 months.<br>Date of last drill: _____   |     |    |
| <b>IC 12-17-2-3-5-6</b><br>5. Each child care provider, household member, employee, volunteer caregiver shall have an intradermal tuberculosis test and result prior to giving care.<br>• Each child care provider, household member, employee and caregiver who has a history of a positive TB test or disease shall have an annual health assessment by a physician to reflect symptom screening for TB.   |     |    |
| <b>IC 12-17-2-3-5-7</b><br>6. A child care provider shall have written plans for notifying parents of the following:<br>• Illness, serious injury, or death of provider.<br>• Care in an emergency.<br>• Emergency evacuation (fire, tornado); this shall be posted in the facility where the provider operates the child care program.  |     |    |
| <b>IC 12-17-2-3-5-8</b><br>7. At least one adult shall have annual certification in CPR applicable to all age groups cared for and is present at all times when a child is in care, and<br>Each child care provider, employee, or volunteer caregiver shall have current certification in First Aid.   |     |    |
| <b>IC 12-17-2-3-5-5</b><br>8. The child care facility shall have hot and cold running water from an approved source in the area of the facility where the provider operates a child care program.<br>Water source: _____ Public _____ Private _____ valid water test date: _____<br>Meets IDEM standards as required. IDEM water system number: _____  |     |    |
| <b>IC 12-17-2-3-5-9</b><br>9. Each child care provider shall have a working telephone in each facility accessible to any staff member.<br>Record of phone service on site: _____   |     |    |
| <b>12-17-2-3-5-11</b><br>10. Each child care provider shall have the following items inaccessible to children:<br>• Fire arms and ammunition Location: _____<br>• Poisons, chemicals, bleach and cleaning materials Location: _____  |     |    |

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| REQUIREMENT:   | YES | NO |
|--|-----|----|
| <b>IC 12-17-2-3-5-4</b><br>11. Each child care provider, employee, household member, volunteer caregiver has provided evidence that they have not been named in the State Central Registry IC 17-407.  |     |    |
| <b>IC 12-17-2-3-5-12</b><br>12. Each child care provider, household member, employee or volunteer caregiver has statewide limited criminal history check: <b>or</b><br>Each child care provider has local criminal check with documentation that statewide check is applied for: (Valid for 60 days)<br>• No child care provider has been convicted of a felony.<br>• No child care provider has been convicted of a misdemeanor related to health and safety of a minor.<br>• Each child care provider maintains written policy requiring that persons whose criminal check is maintained must report any criminal convictions to the provider. |     |    |
| <b>IC 12-17-2-3-5-12.1</b><br>13. Each child care provider, household member, employee, volunteer caregiver shall have documentation of a drug test and result does not show presence of illegal controlled substance(s). (Standard 5 or 8 panel urine test) and a child care provider shall have:<br>• Written policy requiring random drug testing of caregivers, and<br>• Required testing if individual is suspected of noncompliance, and<br>• Policy for suspension, rehabilitation and reinstatement of persons tested above.   |     |    |
| <b>IC 12-17-2-3-5-11.1</b><br>14. Each child has age appropriate immunizations including Varicella and Pneumococcal vaccines. Documentation includes:<br>• Names of all children (including provider's) receiving care at the facility.<br>• Immunization records for each child (includes month, day and year given for each immunization and child's birth date).<br>• The child's physician documents child is in process of receiving immunizations, or<br>• A medical exempt statement from a physician, or<br>• A religious belief exemption statement from the parent.  |     |    |
| <b>IC 12-17-2-3-5-12.1</b><br>15. A child care provider shall have a written policy prohibiting:<br>• Use of tobacco, unintended use of toxic substances, use (home) of alcohol; use or possession (containers & ministration) of alcohol; and use or possession of illegal substances in the facility where child care is operated when child care is being provided.   |     |    |
| <b>IC 12-17-2-3-5-5.5</b><br>16. All children in care are continually supervised by a caregiver (must be within sight and sound at all times).   |     |    |

I understand that the information contained in this document is necessary for participation in the Child Care Development Fund (CCDF) program. I understand that the Indiana Family and Social Services Administration (IFSSA) and/or Child Care Resource and Referral (CCRR) may verify any information contained in this document and any misrepresentation may subject me to removal/exclusion from the program and/or prosecution under applicable laws. I have reviewed the information contained in this document and agree by my signature that the information is accurate and complete to the best of my knowledge and belief. I understand that any changes in the information contained in this document must be promptly reported to IFSSA or CCRR. Failure to report any changes may result in my removal/exclusion from the CCDF program.

I understand that I must correct the problems identified above, in order to begin or continue to receive funds from the Child Care Development Fund Program. I understand that I must contact the Surveyor/consultant listed below to submit required documentation and arrange for a subsequent visit, if necessary, to complete compliance with minimum standards. I understand that if I am currently receiving CCDF funds, I must demonstrate my compliance by the date indicated (maximum of 21 days) or I will be decertified as a CCDF provider.

|   |                         |  |                         |
|---|-------------------------|--|-------------------------|
| Signature of Surveyor/consultant  | Date (month, day, year) | Signature of Provider                      | Date (month, day, year) |
| MEETS ALL STANDARDS: <input type="checkbox"/> YES <input type="checkbox"/> NO |                         | Approved by: _____ Date (month, day, year) |                         |

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## Level 1 Paths to QUALIY Standards (con't)

- **Standard 4:** The director has completed a CDA credential, or early childhood degree or equivalent, or the director of the ministry agrees to obtain a minimum of a CDA within 3 years of beginning PTQ and shows progression towards completion each year.
- **Standard 5:** The ministry director completes a BCC approved Safe Sleep Training.
- **Standard 6:** Ministry caregivers receive orientation within 30 days of being hired.

## Orientation Checklist

| REGISTERED MINISTRY CHILDCARE<br>INITIAL STAFF ORIENTATION PLAN   |                              |                                 |     |
|---|------------------------------|---------------------------------|-----|
| Name _____  |                              | Position _____                  |     |
| Date of Hire _____  | Date orientation began _____ | Date orientation complete _____ |     |
| Standard  | Date Instructed              | Date Competent                  | N/A |
| 1. Review of regulatory requirements  |                              |                                 |     |
| 2. Goals and philosophy of the facility.  |                              |                                 |     |
| 3. The names and ages of the children for whom the caregiver will be responsible, and their specific developmental needs.   |                              |                                 |     |
| 4. Any special health or nutrition need (s) of the children assigned to the caregiver.  |                              |                                 |     |
| 5. The planned program of activities at the facility.   |                              |                                 |     |
| 6. Routines and transitions.  |                              |                                 |     |
| 7. Acceptable methods of discipline.  |                              |                                 |     |
| 8. Policies and practice concerns relating to parents.  |                              |                                 |     |
| 9. Occupational health hazards for caregivers, including attention to the physical health and emotional demands of the job and special consideration for pregnant caregivers.             |                              |                                 |     |
| 10. Emergency health and safety procedures.   |                              |                                 |     |
| 11. Handwashing techniques and indications for handwashing.   |                              |                                 |     |
| 12. Diapering technique and toilet use including appropriate diaper disposal.   |                              |                                 |     |
| 13. Identifying hazards and injury prevention.  |                              |                                 |     |
| 14. Correct food preparation, serving and storage techniques if employee is involved with handling food.  |                              |                                 |     |
| 15. Knowledge of when to exclude children due to illness and the means of illness transmission.   |                              |                                 |     |
| 16. Formula preparation, if formula is handled.   |                              |                                 |     |
| 17. Standard precautions and other measures to prevent exposure to blood and other body fluids, as well as program policies and procedures in the event of exposure to blood/body fluids. |                              |                                 |     |
| 18. Recognizing symptoms of illness and policy of when child will be sent home.   |                              |                                 |     |
| 19. Teaching health promotion concepts to children and parents as part of the daily care provided to children.  |                              |                                 |     |
| 20. Child abuse detection, prevention, and reporting.   |                              |                                 |     |
| 21. Medication administration policies and practices.   |                              |                                 |     |
| 22. Putting infants down to sleep positioned on their backs and on a firm surface to reduce the risk of Sudden Infant Death Syndrome.   |                              |                                 |     |
| 23. Proper cleaning and sanitizing schedules and procedures.  |                              |                                 |     |

Signature of Employee \_\_\_\_\_

Signature of Director \_\_\_\_\_

## **Approval of Level 1 Paths to QUALITY for RCCM**

Approval is based on the RCCM meeting **ALL six (6)** Level 1 PTQ standards.

The Registered Child Care Section Manager is the certifying authority for Level 1 Paths to QUALITY approval for Registered Child Care Ministries.

Paths to QUALITY approvals are documented in the ministry's child care dBase.

### **Ministry Inspector Paths to QUALITY Level 1 Approval Form**

| <b><i>Level 1 Paths to QUALITY Standard</i></b>  | <b><i>Date Standard Met</i></b> | <b><i>Not Applicable</i></b> |
|--|---------------------------------|------------------------------|
| <b><u>Standard 1:</u></b> Must be in good standing with BCC and DHS, Fire Safety Division (registration is current and passed annual inspections).           |                                 |                              |
| <b><u>Standard 2:</u></b> Must pass all 4 VCP standards, unless infant and toddler care is not applicable.   |                                 |                              |
| <b><u>Standard 3:</u></b> Must meet all 16 CCDF provider eligibility standards.  |                                 |                              |
| <b><u>Standard 4:</u></b> Three (3) Options  |                                 |                              |
| The Director has completed a CDA credential.   |                                 |                              |
| The Director has an early childhood degree or equivalent.  |                                 |                              |
| The Director agrees to obtain a minimum of a CDA within 3 years of beginning PTQ and shows progression towards completion each year (Agreement form signed). |                                 |                              |
| <b><u>Standard 5:</u></b> The Director completes a BCC approved Safe Sleep Training.   |                                 |                              |
| <b><u>Standard 6:</u></b> Ministry caregivers receive orientation within 30 days of being hired.   |                                 |                              |
| <b>Name of Registered Child Care Ministry</b>  | <b>Registration ID Number</b>   |                              |
|  |                                 |                              |
| <b>Signature of Ministry Representative</b>  |                                 |                              |
|  |                                 |                              |
| <b>Name of Ministry Inspector</b>  | <b>Date of Inspection</b>       |                              |
|  |                                 |                              |
| <b>Signature of Ministry Inspector</b>   |                                 |                              |
|  |                                 |                              |
| <b>Date Recommended PTQ Level 1 Approval</b>   |                                 |                              |

